

**Reproductive Health
and Disease
Prevention Curriculum**

2023- 2024

**Broward County Public
Schools**

Eighth Grade

The World Around Me

TARGET GRADE: Grade 8, Lesson 1

TIME: 50 minutes

FLORIDA STANDARDS ALIGNMENT:

- HE.8.PHC.2.1 – Analyze the influences of media/social media on physical, emotional, and social health.
- HE.8.PHC.2.4 – Assess the role of the beliefs of friends and peers on health of adolescents.
- HE.8.CEH.2.1 – Analyze how the school and community may influence adolescent health.

LEARNING OBJECTIVE:

1. Name at least two people or entities from which young people receive messages about relationships and sexuality.
2. Describe at least one message young people might receive about sex and sexuality from each of these sources.
3. Explain how these messages can have an impact on a young person's sexual decision-making.
4. Reflect on how examining these influences can have an impact on their self-concept and body image, which can affect their own sexual decision making in the future.

LESSON MATERIALS:

- Scenario: Leah (enough two-sided copies for one quarter of the students in the class)
- Scenario: Malik (enough two-sided copies for one quarter of students in the class)
- Students' journals (or sheets of lined paper, one per student, if journals are not being used in class)
- White board and markers
- Pencils in case students do not have their own
- Strips of scrap paper
- Question box

LESSON STEPS:

GROUND RULES

Note to teacher: This curriculum works best in classrooms where there's a mutual feeling of trust, safety, and comfort. Ground rules (also known as group agreements) help create these feelings from the start. Ground rules that work are:

- *appropriate for your student's age and developmental stage*
- *agreed upon by everyone*
- *well explained so that students are very clear about what's expected*
- *posted clearly in your classroom*
- *referred to at the beginning and throughout the unit*

Make your ground rules list with your class. The first six 6 in bold may work with your grade level.

Ground rules work better when students are involved in creating the list. The list doesn't have to be long. You can use 5 or 10 bullet points that are broad enough to cover the key messages you want students to remember. Some examples you can use as a guide are:

- ***no put-downs***
- ***respect each other***
- ***questions are welcome using the question box***

- *listen when others are speaking*
- *speak for yourself*
- *respect personal boundaries*
- *no personal questions*
- *it's okay to pass*
- *use scientific terms for body parts and activities*
- *use inclusive language*
- *classroom discussions are confidential*
- *we will be sensitive to diversity, and be careful about making careless remarks*
- *it's okay to have fun*

Step 1: Review Ground Rules with students.

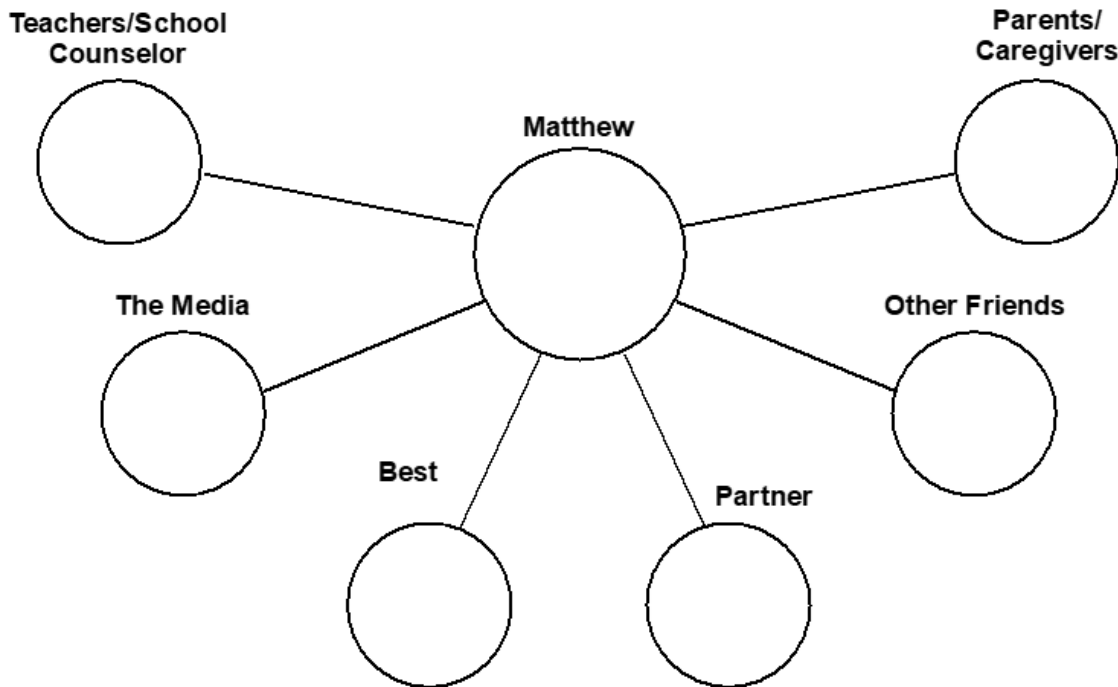
Step 2: Introduce the topic by telling students, "When we make decisions about significant things in our lives, we rarely do so without considering the thoughts, experiences, and messages we get from various sources in our lives. We ask people in our lives for their advice – and sometimes we get it even when we don't ask for it! Other times, we are barely aware of how outside messages do or don't have an influence on us and our decision-making."

Draw a large circle on the board, about 18" in diameter. On the top of the circle write a name that reflects the population of your students (for the purposes of this example, we will use "Matthew"). As you are drawing the circle and writing the name, "Matthew," or another name at the top, say, "Imagine for a moment that we have a teenager named Matthew.

Even though he's still in school, he's thinking about what he wants to be when he grows up." In the center of the circle, write, "Career." Say, "He's really good at art and photography and is thinking he might want to make that his job. From what types of sources might he expect to receive messages about his future career choices?" Probe for the following:

- Parent(s)/Caregiver(s)
- Teachers or Counselors at School
- Other Family Members
- Professional Artists and Photographers
- The Media
- Partner
- Best Friend
- Celebrities

As students contribute a particular source, draw a line from the center circle to another smaller circle that you draw. Then write the category of person or source at the top as you did with the first circle. Depending on what is contributed, you should end up with something that looks similar to this:



Go through the examples and ask the class one message Matthew might hear from his parent(s)/caregiver(s) about this possible work choice. Probe for, “Great, go for it!” or “Don’t do it, it’s not practical.” Write that example in the circle titled, “Parent(s)/Caregiver(s).” Go around the rest of the cluster and add in one message, positive or negative, that he might expect to hear from each possible source.

Once you have put one example in each circle, ask the students to tell you what they notice about the messages, which may be consistent or inconsistent. Ask, “Has anyone ever asked more than one person for their opinions about something and gotten two totally different answers? If so, what does that feel like?” Probe for, “confusing,” “overwhelming,” “helpful,” etc.

Ask, “So, whose opinions do you think will carry more weight with Matthew?” After a few responses, acknowledge what was shared and if it has not been shared already say, “It also depends on his relationship with each of these entities. If he is particularly close with someone or has relied on their advice in the past and it’s helped him, he may consider their thoughts more seriously than other people’s.”

Step 3: Say, “Now we are going to look at sexual decision-making and the people and entities that can have an impact on these decisions.” Break the class into groups of four. Once they are in their groups, tell them they are going to work together on a scenario in which they’ll have a character who they will be mapping as they did with Matthew. Distribute the Leah scenario to half the class and the Malik scenario to the other half. Let them know they will have about 15 minutes in which to do their work.

Step 4: After about 15 minutes has passed, ask the groups to stop their work. Tell the students that half of groups worked on one scenario, and the other half on a different one. Ask for students from various groups that had the Leah scenario to read the scenario, alternating students for each paragraph. Ask groups to share the influences they noticed, and their responses to the questions asked.

Next, ask for students from the other groups who had the Malik scenario to read their scenario, alternative students with each paragraph. Ask groups to share the influences they noticed, and their responses to the questions asked.

Step 5: Acknowledge the work they did and ask them to hand in their worksheets. Ask students to take out their journals and write the following questions on one of the pages (have these written on the board or write them as you speak):

1. "Who or what do I consider before making decisions about sex or relationships?"
2. "How might using alcohol affect how I make decisions about sex or relationships, and whether I stick to them?"
3. "How can thinking about people and messages around me help me with my future decisions about sex and relationships?"

Ask them to write a minimum of three sentences in response to each question and hand in their journals during the next class.

Note to the Teacher: If you are not using journals in class, feel free to have students write these prompting questions on a sheet of paper. You can also post or email an electronic version and have them complete these online and submit them to you once completed.

Step 6: QUESTION BOX: *Give each student several strips of scrap paper.*

Give each student several strips of scrap paper. Ask students to write at least one question or one thing that they learned today and drop it in the anonymous question box. (If everyone is writing, nobody feels like the only one with a question). Tell your students NOT to write their name on the strip of paper, unless they would prefer to talk with the teacher privately about their question. Only one question should be written on each strip of paper, but it is OK for students to use as many strips of paper as they like.

Note to teacher: Answer questions the following day to allow yourself time to review the questions from the box that are related to the content within the approved curriculum. Remind students that you may not be able to answer all questions.

ASSESSMENT: The first three learning objectives will be measured by classroom participation in the large group discussion and small group work; as a result, the teacher will need to solicit contributions from different students during the report-back portion of the lesson. Achievement of the fourth learning objective will be determined by completion of the homework assignment.

OPTIONAL HOMEWORK: Students will complete a journaling assignment responding to prompts as provided at the end of class, to be handed in during the next class period.

Leah

Leah has been with Malik for almost a year. Malik has been bringing up whether they should start having sex, and Leah's trying to figure out whether the time is right. She's never had sex before, and she's nervous about getting pregnant or an STD. Malik's had sex once before, but things didn't work out with them. Malik says he's curious, but that he's not sure whether the time's right – he's got a lot of plans for the future, and if he ends up getting Leah pregnant or either of them get an STD, that could really affect his hopes for college and getting a scholarship.

Leah's best friend has had sex, but he goes back and forth as to whether he thinks Leah should, saying, "I think it's different for guys." They hang out a lot and watch reruns of "16 and Pregnant," as well as "East Los High," and talk about all the people who have sex on those shows and what's happened as a result. Leah doesn't feel like she can talk with her mom about this stuff, because her mom was brought up in a pretty conservative household and they've never talked about sex. Leah does, however, have a good relationship with her mom's best friend, who she's known since Leah was a baby, and feels like she can talk with her about anything.

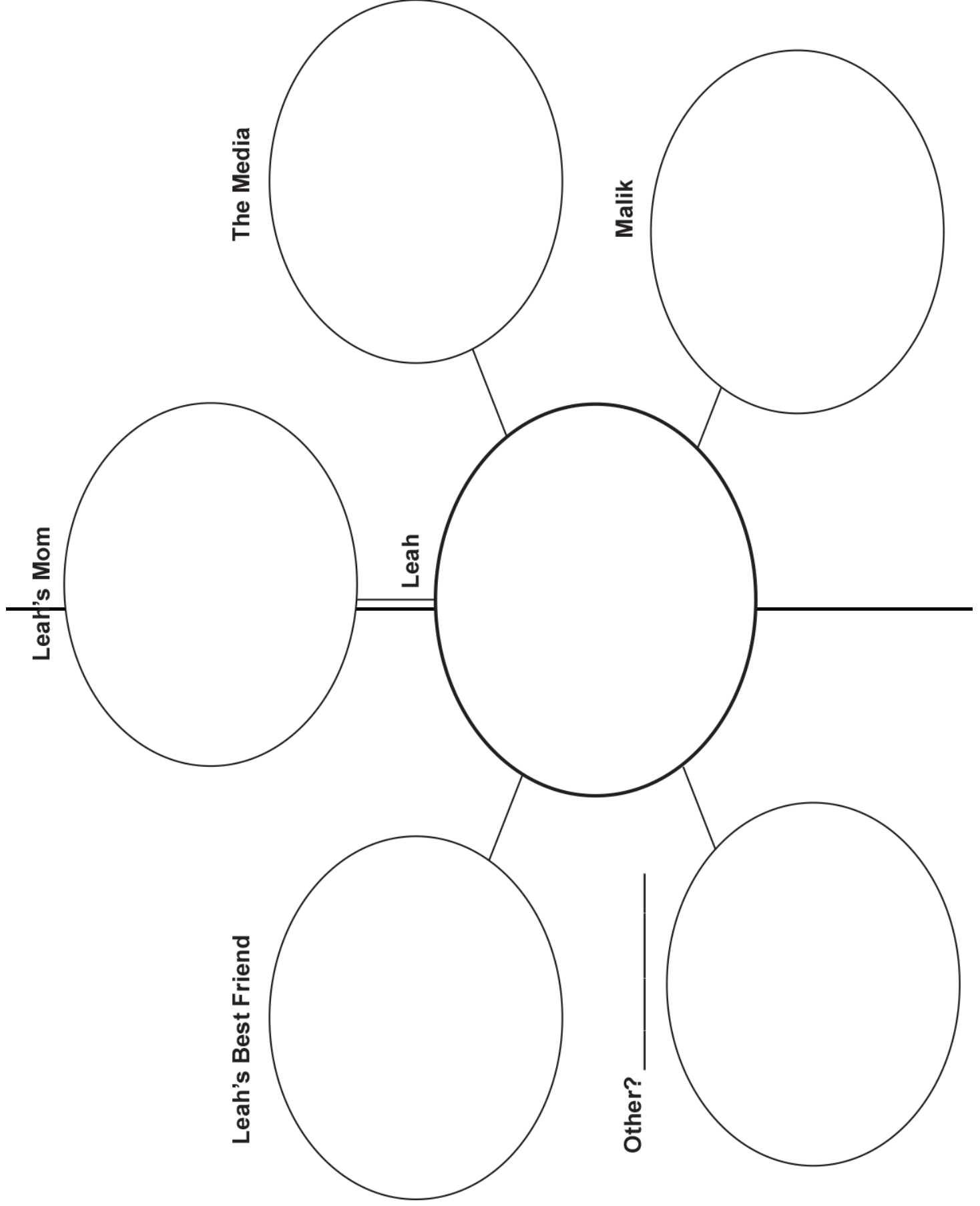
Sometimes, when Malik gets stressed out or nervous, he drinks. When he does this, he gets a bit more assertive with Leah – as she tells her best friend, "he's all hands when he drinks." They've almost had sex a few times when he's gotten like this, but Leah's always told him to stop and he has. She loves Malik, she really does – she's just not sure whether the time is right or whether he's the one.

Instructions:

1. On the back of this sheet, map the influences in Leah's life by writing the message(s) she's getting from each in the circles provided.
2. Is anyone missing, even if they're not listed in the story? If so, add them in to the "other" circle and add in what possible messages she might get from them about her decision.
3. We found out that Malik drinks sometimes – how does that come into play when it comes to Leah's decision?

4. Who or what do you think has a LOT of influence on Leah? Why?

5. What does this tell you about making decisions about big things in your life, like sex and sexuality?



Malik

Malik has been with Leah for almost a year. Leah has been bringing up whether they should start having sex, and Malik's trying to figure out whether the time is right. He's never had sex before, and he's nervous about getting Leah pregnant or getting an STD. Leah's had sex once before, but things didn't work out with them. Malik's curious, but he's not sure whether the time's right – he's got a lot of plans for the future, and if he ends up getting Leah pregnant or either of them get a really serious STD, that could impact his hopes for college and getting a scholarship.

Malik's best friend has had sex, and regularly asks Malik what he's waiting for. Malik's parents are very devout Catholics, and they don't talk about sex except to talk about abstinence and waiting for marriage. Malik is the youngest of four children, but his brothers and sisters are all older and don't live at home anymore. He only sees them at holidays and doesn't consider himself close to any of them. Malik is nervous about whether he'll know what to do.

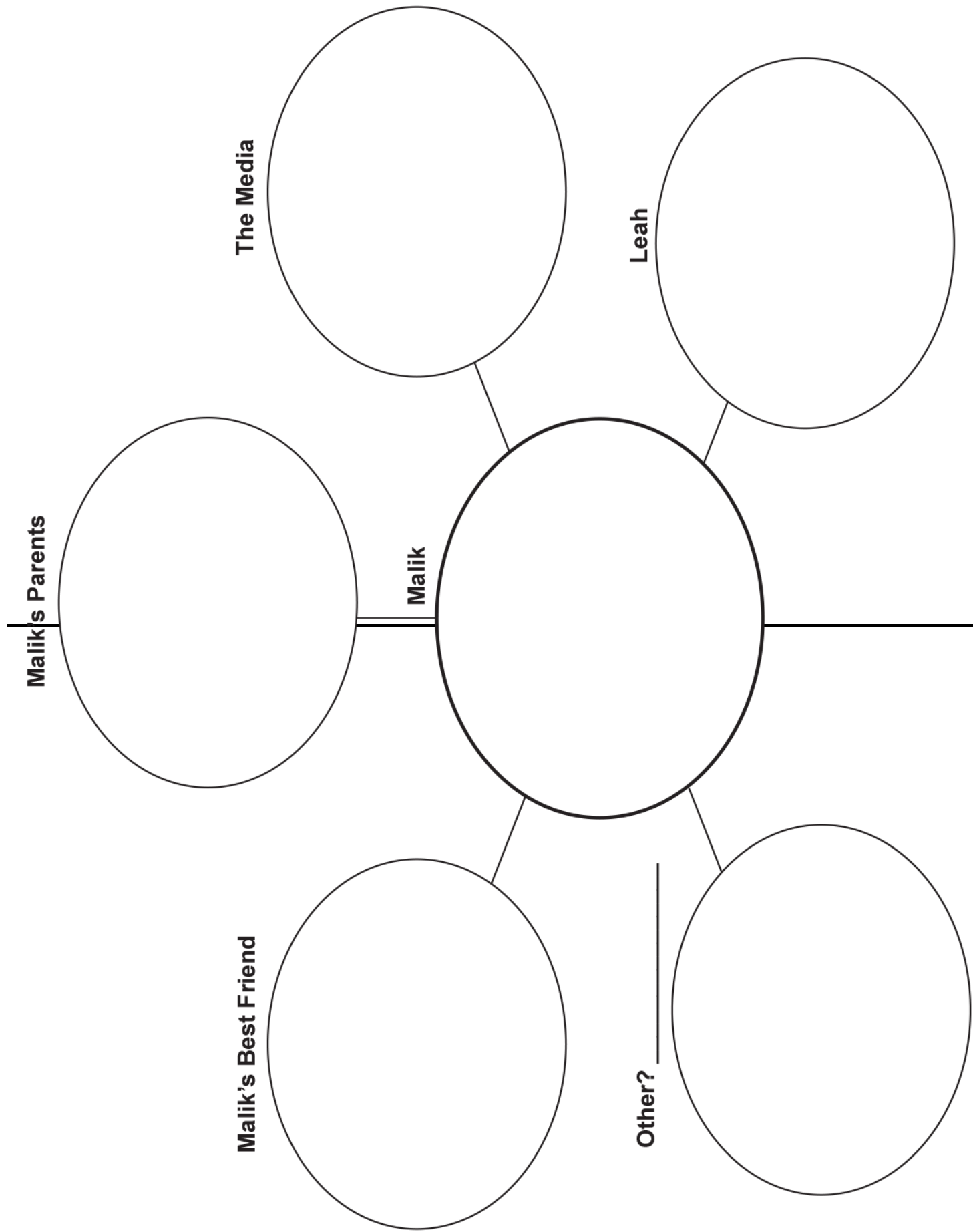
Sometimes, when Malik gets stressed out or nervous, he drinks. That's when he feels most comfortable talking about sex with Leah – and when he feels like they're really close.

Instructions:

1. On the back of this sheet, map the influences in Malik's life by writing the message(s) he's getting from each in the circles provided.
2. Is anyone missing, even if they're not in the story? If so, add them in to the "other" circle and add in what possible messages he might get from them about his decision.
3. We found out that Malik drinks sometimes – how does that come into play when it comes to his relationship with Leah?

4. Who or what do you think has a LOT of influence on Malik? Why?

5. What does this tell you about making decisions about big things in your life, like sex?



Healthy or Unhealthy Relationships

ADVANCED PREPARATION:

- Print out enough of the Healthy vs. Unhealthy Relationship cards for half the class. Fold each one in half.
- Tape the Unhealthy and Healthy Relationship signs on the front board with a good distance between them to create a continuum.
- Print out the exit slip sheets and cut them in half, so each student gets one half (which is one complete exit slip).
- Tear off individual one-inch pieces of tape, enough for each sign in the Healthy vs. Unhealthy Relationships activity and stick on a ledge or table end so they are available for students to take and use during the activity.

TARGET GRADE: Grade 8, Lesson 2

TIME: 50 minutes

FLORIDA STANDARDS ALIGNMENT:

- HE.8.PHC.2.1 – Analyze the influences of media/social media on physical, emotional, and social health.
- HE.8.PHC.2.4 – Assess the role of the beliefs of friends and peers on health of adolescents.
- HE.8.CEH.2.1 – Analyze how the school and community may influence adolescent health.

LEARNING OBJECTIVE:

1. Characterize, in their own opinion, at least one relationship trait as either healthy or unhealthy.
2. Name at least two types of power differential in relationships, as well as their implication for the relationship.
3. Describe at least two ways in which an unhealthy relationship can become a healthy one.
4. Apply their understanding of healthy relationships to a couple represented in the media.

LESSON MATERIALS:

- Two signs, one reading “Healthy Relationship” and one reading “Unhealthy Relationship”
- Enough of the 16 Healthy vs. Unhealthy Relationships cards for half the students in the class, prepared as described
- Homework: “Healthy Relationships All Around Us,”
- one per student
- Exit slips – one per student
- Masking tape
- White board and markers
- Extra pencils in case students don’t have their own
- Strips of scrap paper
- Question box

LESSON STEPS:

GROUND RULES

Note to teacher: This curriculum works best in classrooms where there's a mutual feeling of trust, safety, and comfort. Ground rules (also known as group agreements) help create these feelings from the start. Ground rules that work are:

- *appropriate for your student's age and developmental stage*
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Make your ground rules list with your class. The first six 6 in bold may work with your grade level.

Ground rules work better when students are involved in creating the list. The list doesn't have to be long. You can use 5 or 10 bullet points that are broad enough to cover the key messages you want students to remember. Some examples you can use as a guide are:

- ***no put-downs***
- ***respect each other***
- ***questions are welcome using the question box***
- ***listen when others are speaking***
- ***speak for yourself***
- ***respect personal boundaries***
- *no personal questions*
- *it's okay to pass*
- *use scientific terms for body parts and activities*
- *use inclusive language*
- *classroom discussions are confidential*
- *we will be sensitive to diversity, and be careful about making careless remarks*
- *it's okay to have fun*

Step 1: Review Ground Rules with students. Answer question(s) from the previous lesson.

Note to teacher: Please answer questions from the question box that are related to the content within the approved curriculum. Remind students that you may not be able to answer all questions.

Step 2: Ask, "How many of you can think of a couple in your lives – it could be family members, friends, siblings, whoever – who you think are in a healthy relationship?" After some students have raised their hands, ask, "How many of you can think of a couple you'd consider to have an unhealthy relationship?"

Say, "I bet if we described all these couples, we would not agree about whether they were healthy or unhealthy. That's because we have all received a variety of messages about how people should behave in relationships. These messages have a big impact on whether we see something as healthy,

unhealthy – or a mix. So today we’re going to take a look at some things that can happen in relationships – and whether you think these things mean a relationship is healthy or unhealthy.” Break the students into pairs. Give each pair one of the healthy vs. unhealthy relationship cards. Ask them to talk together about whether they think what they have describes a healthy relationship or an unhealthy relationship. Tell them that once they’ve decided, they should turn their sheet over and write down why they think it is unhealthy, healthy or somewhere in between. Explain that they are “Team One,” and so should only complete the first line on the back of the sheet, not the second. Hold up a sheet to demonstrate as you are giving these instructions.

Tell them that once they’ve finished writing their reason(s), they can bring their piece of paper up to the front of the room and tape it up where they feel it goes. Point out that there is a lot of space between the Unhealthy and Healthy Relationship signs, so they can put their card under one of the signs, or somewhere in between if they feel like it has some healthy or unhealthy characteristic, but isn’t completely one or the other.

After about 5 minutes, if all of the cards are not up, encourage students to stick their cards up on the board. Ask them to stay in their same pairs.

Step 3: Starting at one end of the continuum, read each of the cards. Once you have read them all, ask the students to look at what’s up on the board and comment on what they notice. Their responses will depend on where the cards have been placed (the activity is intentionally opinion-based, so the board will likely look different each time).

For example, students might say, “These all seem really unhealthy,” or “None of the cards are either completely unhealthy or healthy.”

Ask, “Are there any up here that you would want to move? Which one(s) and why?” As students indicate particular cards, take them down and read on the back why the pair of students who had each card chose to place it where they did. Ask whether that changed their view. Because this is an opinion-based activity, do not actually move any of the cards, just discuss a few.

Note to the Teacher: Go through up to five of the cards, adjusting for student engagement in this part of the activity. If the discussion lags, stop after three; if it is still vibrant and connected, you may choose to continue beyond the five.

Here are some suggestions for a few in which there is a lot of grey area and about which you will likely have extensive discussion:

- A guy walks his girlfriend to school every morning, meets her for lunch every day, and picks her up to walk her home at the end of each afternoon.
- A girl notices her boyfriend is getting a lot of attention from two different people at school. She goes up to each of them separately and warns them to stay away from him, “or else.”
- A couple has an agreement that they won’t put passwords on their phones and can check each others’ texts and social media accounts whenever they feel like it.

Step 4: Ask, “In which of these relationships do you feel like one person has more power than the other person?” Point to the example of a girl who has a boyfriend who is ten years older than she is. Ask, “In what ways could the older boyfriend have more power than the younger one?” Write a “P” on that card to indicate that there’s the potential for one partner to have more power than the other.

As students mention other examples where they feel like there could be a power difference, write a "P" on each of those.

Say, "Power can come in different forms. Sometimes, people realize there's a power difference and are okay with it – and other times, a power difference can lead to really unhealthy or even abusive relationships. I'm going to ask you to keep the idea of power in mind as you do this next part of the activity."

Step 5: Ask one student from each pair to come up to the board and take one of the cards, not the one they originally worked on, and return to sit with their partner. Tell them that they should talk about what's on the card, turn the card over and read why the other students labeled it as they did. Then ask them to discuss what would need to change in order for them to feel like this card could go underneath the "Healthy Relationship" sign. Have them write their answers in the space provided. Tell them they have about 5 minutes in which to do this. As they are working, take the "Healthy Relationship" sign and move it to a more centered location on the board.

Step 6: Go around the room and ask the pairs to share what they came up with as specific steps or things their couple needs to do to make their relationship healthy. Paraphrase the characteristics they share and write them on the board beneath the "healthy relationship" sign.

For example, if students were to say, "They need to stop checking each others' phones," you might write "Trust" on the board and "cell phones" in parentheses next to that. If any of the next pairs repeat something that was already said, put a check mark next to that characteristic.

Step 7: Ask students to look at the list they generated and what they think of what they see. Again, because this list is generated from the students, it may look different each time. Process the list by asking the following questions:

1. Are you surprised by what's received the most check marks here? Why or why not?
2. Is there anything missing? Is there anything else that would help make a relationship healthy wasn't mentioned?
3. How easy or challenging is it to do some or all of these? For the ones labeled as "challenging," ask why they think that is.
4. Ask, "What about the idea of power? Where do you see power reflected in
5. this list?"

Say, "What relationships look like and how they work can be different – but as you see here, there are certain characteristics that people will agree mean that a relationship is healthy. When a relationship is healthy, it's good for both people involved – and it doesn't have a negative impact on the people outside of the relationship who are still a part of the couple's lives, like friends and family members."

Describe the homework assignment and distribute the worksheet. Tell students that you created a list of characteristics that tend to be considered part of healthy relationships, which will include some of what they generated on the board as well as some other ideas. Ask them to talk about a couple they know – whether in real life or from a movie or tv show or a couple from a book or they've read about online -- and say whether they think they are a healthy couple based on those characteristics.

Distribute the Before You Go exit slips to the students and ask them to complete them and hand them to you on the way out of class.

Step 8: **QUESTION BOX:** *Give each student several strips of scrap paper.*

Give each student several strips of scrap paper. Ask students to write at least one question or one thing that they learned today and drop it in the anonymous question box. (If everyone is writing, nobody feels like the only one with a question). Tell your students NOT to write their name on the strip of paper, unless they would prefer to talk with the teacher privately about their question. Only one question should be written on each strip of paper, but it is OK for students to use as many strips of paper as they like.

Note to teacher: Answer questions the following day to allow yourself time to review the questions from the box that are related to the content within the approved curriculum. Remind students that you may not be able to answer all questions.

ASSESSMENT: Teachers will be able to assess how well they have reached the first three learning objectives during the in-class activity, discussion and process. The fourth learning objective will be achieved through the homework assignment.

OPTIONAL HOMEWORK: Healthy Relationships All Around Us – Students are to provide three examples of couples in their own lives, or from a tv show, book, movie or other source and explain why they think they are healthy relationships.

Healthy Relationships All Around Us!

Name: _____ Date: _____

Instructions: Think about relationships you've seen in your life. These could be characters from a tv show or movie, public figures or people you know personally. Please provide three examples of healthy relationships and explain why you think they're healthy, based on what we talked about in class. Be sure to explain your reasons with examples, too!

EXAMPLE

Couple: Beyonce and Jay-Z

Know them from: Music videos and award shows

Why do you think this is a healthy relationship? Please give examples:

They talk about each other a lot in the media, always in positive ways. They started a family together and both seem really into each other whenever you see them in pictures.

Couple 1:

Know them from:

Why do you think this is a healthy relationship? Please give examples:

Couple 2:

Know them from:

Why do you think this is a healthy relationship? Please give examples:

Couple 3:

Know them from:

Why do you think this is a healthy relationship? Please give examples:

BEFORE YOU GO...

The characteristic of healthy relationships that most stood out for me from today's class was

because

BEFORE YOU GO...

The characteristic of healthy relationships that most stood out for me from today's class was

because

HEALTHY RELATIONSHIP

UNHEALTHY RELATIONSHIP

Team Two: How this could be a healthier relationship?

Team One: Why we rated this the way we did:

----- (FOLD HERE) -----

After spending a lot of time together, a couple wants to start having sex. They talk about safer sex and decide to use condoms every time.

HEALTHY VS. UNHEALTHY RELATIONSHIP CARD

Team Two: How this could be a healthier relationship?

Team One: Why we rated this the way we did:

----- (FOLD HERE) -----

A guy walks his girlfriend to school every morning, meets her for lunch every day, and picks her up to walk her home at the end of each afternoon.

HEALTHY VS. UNHEALTHY RELATIONSHIP CARD

Team Two: How this could be a healthier relationship?

Team One: Why we rated this the way we did:

----- (FOLD HERE) -----

**A couple have been together
for a month and are talking
about having sex. One has had
sex before, but the other hasn't
- but says they have because
they're embarrassed.**

Team Two: How this could be a healthier relationship?

Team One: Why we rated this the way we did:

----- (FOLD HERE) -----

A girl notices her girlfriend is getting a lot of attention from two different people at school. She goes up to each of them separately and warns them to stay away from her, “or else.”

Team Two: How this could be a healthier relationship?

Team One: Why we rated this the way we did:

----- (FOLD HERE) -----

**A couple has an agreement
that they won't put passwords
on their phones and can check
each others' texts and social
media accounts whenever
they feel like it.**

Team Two: How this could be a healthier relationship?

Team One: Why we rated this the way we did:

— — — — — (FOLD HERE) — — — — —

**Partner one wants to have sex.
Partner two says they're not
ready, but after talking about it,
gives in and has sex, even
though they didn't really
want to.**

Team Two: How this could be a healthier relationship?

Team One: Why we rated this the way we did:

— — — — — (FOLD HERE) — — — — —

A guy and a girl have been together for six months, and things haven't been going so well. She decides to stop taking her birth control without telling him, because she thinks if she gets pregnant he won't break up with her.

Team Two: How this could be a healthier relationship?

Team One: Why we rated this the way we did:

HEALTHY VS. UNHEALTHY RELATIONSHIP CARD

One partner usually decides when, where, and what they do together. The other partner says they don't like making decisions and is fine with this.

HEALTHY VS. UNHEALTHY RELATIONSHIP CARD

Team Two: How this could be a healthier relationship?

Team One: Why we rated this the way we did:

----- (FOLD HERE) -----

A guy has been with his boyfriend for five months. They’ve said “I love you” to each other, but when they’re around other friends at school, one guy pretends they’re not a couple. He says it’s because he hasn’t yet told his family that he’s gay.

Team Two: How this could be a healthier relationship?

Team One: Why we rated this the way we did:

— — — — — (FOLD HERE) — — — — —

**A couple texts all the time. But
when they get together,
whether alone or with friends,
they feel uncomfortable talking
to each other.**

Team Two: How this could be a healthier relationship?

Team One: Why we rated this the way we did:

— — — — — (FOLD HERE) — — — — —

A guy has a very strong religious background. He’s having sex with his girlfriend, but after each time, he says he feels disgusting. His girlfriend tells him to get over it.

Team Two: How this could be a healthier relationship?

Team One: Why we rated this the way we did:

----- (FOLD HERE) -----

A girl tells her partner that they're in a one-on-one relationship, but she is having sex with other people. Her partner does not know; she figures she's sparing their feelings by not telling them.

Team Two: How this could be a healthier relationship?

Team One: Why we rated this the way we did:

**A guy finds out he has an STD.
Since it's easily cured with a
shot, he doesn't tell his partner
about it and figures that if they
get it, they can just get treated,
too. They continue to have sex
without using condoms.**

Team Two: How this could be a healthier relationship?

Team One: Why we rated this the way we did:

HEALTHY VS. UNHEALTHY RELATIONSHIP CARD

A guy and a girl have been together for six months and are having sex. Whenever the guy does something the girl doesn't like, she tells him that she won't have sex with him until he does

something nice for her.

HEALTHY VS. UNHEALTHY RELATIONSHIP CARD

Team Two: How this could be a healthier relationship?

Team One: Why we rated this the way we did:

**A girl has a girlfriend
who is ten years older than she
is. Her older girlfriend has a job,
a car and a place to live where
they can be alone together.**

When they go out, the older partner always pays.

Team Two: How this could be a healthier relationship?

Team One: Why we rated this the way we did:

HEALTHY VS. UNHEALTHY RELATIONSHIP CARD

A guy notices his partner is getting a lot more texts than usual. When he mentions it, the partner says he's imagining

things. When his partner goes to use the bathroom, he checks their phone and reads their texts.

HEALTHY VS. UNHEALTHY RELATIONSHIP CARD

Choose Your Words Carefully

ADVANCED PREPARATION:

- On a sheet of chart paper, write the following statements in large letters:
 - Hey, can I talk with you about something?
 - Sure, what's up?
 - I can't go to your game, I'm sorry.
 - I'm not going to your game.
 - Let's talk later.
- Cut the chart paper so that each statement is an individual strip, at least three inches high each.
- Print out enough copies of the Choose Your Words activity statements for half the number of students in your class. Cut each copy into individual strips and place the strips into an envelope so that each envelope has an entire set of strips in it. You should have envelopes for half the class. Label half of the envelopes "Partner A" and half "Partner B."

TARGET GRADE: Grade 8, Lesson 3

TIME: 50 minutes

FLORIDA STANDARDS ALIGNMENT:

- HE.8.PHC.2.1 – Analyze the influences of media/social media on physical, emotional, and social health.
- HE.8.PHC.2.4 – Assess the role of the beliefs of friends and peers on the health of adolescents.
- HE.8.PHC.3.9 - Apply healthy practices and behaviors that will maintain or improve personal health and reduce health risks.
- HE.8.CEH.2.1 – Analyze how the school and community may influence adolescent health.

LEARNING OBJECTIVE:

1. Identify at least two characteristics of healthy communication in a relationship.
2. Apply their understanding of healthy communication to a scenario between two people who are discussing technology use within a relationship.

LESSON MATERIALS:

- Large strips of chart paper statements, prepared as indicated
- Masking tape
- Choose Your Words activity statements, prepared as indicated
- Envelopes with Choose Your Words activity statements, prepared as indicated (there should be one envelope per every two students)
- Homework: "iRelationship" – one per student
- Teacher's Guide for Homework – one copy
- White board and markers
- Strips of scrap paper
- Question box

LESSON STEPS:

GROUND RULES

Note to teacher: This curriculum works best in classrooms where there's a mutual feeling of trust, safety, and comfort. Ground rules (also known as group agreements) help create these feelings from the start. Ground rules that work are:

- *appropriate for your student's age and developmental stage*
- *agreed upon by everyone*
- *well explained so that students are very clear about what's expected*
- *posted clearly in your classroom*
- *referred to at the beginning and throughout the unit*

Make your ground rules list with your class. The first six 6 in bold may work with your grade level.

Ground rules work better when students are involved in creating the list. The list doesn't have to be long. You can use 5 or 10 bullet points that are broad enough to cover the key messages you want students to remember. Some examples you can use as a guide are:

- ***no put-downs***
- ***respect each other***
- ***questions are welcome using the question box***
- ***listen when others are speaking***
- ***speak for yourself***
- ***respect personal boundaries***
- *no personal questions*
- *it's okay to pass*
- *use scientific terms for body parts and activities*
- *use inclusive language*
- *classroom discussions are confidential*
- *we will be sensitive to diversity, and be careful about making careless remarks*
- *it's okay to have fun*

Step 1: Review Ground Rules with students. Answer question(s) from the previous lesson.

Note to teacher: Please answer questions from the question box that are related to the content within the approved curriculum. Remind students that you may not be able to answer all questions.

Step 2: Ask, "Has anyone ever had to talk with someone about something really important – but you weren't sure how to do it?" Acknowledge the raised hands and ask, "What specifically can make it challenging to talk with someone about something important to you?" Probe for:

- You don't want to hurt their feelings
- You're not sure whether you should talk with them about it
- You're embarrassed about it
- You don't want to make them mad
- You just don't want to deal and hope that ignoring it will make it go away

- You like them as more than a friend and you're worried if you talk about something serious they won't want to hang out with you anymore

Say, "Whether it's a friendship or a relationship, it's important to be able to talk about things that come up. If a friend always teases you and you really hate when he does that – but you never tell him that you hate it – it's not his fault if he keeps doing it and makes you mad, it's yours because you didn't say anything about it!

The big question, of course, is how do you talk with someone about something that's important to you?"

Step 3: On the board write, "Partner A" at head level, followed by "Partner B" about five feet to the right of it. As you're writing, say, "Let me give you an example. Let's say I was Partner A, and the scenario was that my significant other wanted me to stay after school and watch their basketball game." Between the two headers, write "Basketball Game." Now, I want to be supportive, but I already told my best friend I'd hang out with them. So how do I bring this up?"

Post the large flipchart strip that reads, "Hey, can I talk with you about something?" Say, "This is always a good place to start. Giving the other person a heads up that you need to talk will get their attention and let them know that it's important they listen." Under the Partner B sign, post the flipchart strip that reads, "Sure, what's up?."

Say, "If you're Partner B, you want to respond to let the other person know that not only is it okay for them to talk, but that you're also going to pay attention to them – not anyone else, not your phone, not a video game – but them. Make sense?"

Under Partner A, post "I can't go to your game, I'm so sorry." Ask the students what they think of this as a way of breaking the news to the other person. Ask, "What might be some ways Partner B might respond?"

Once you've gotten some reactions, take down, "I can't go to your game, sorry" and ask, "How would Partner B respond, do you think, if I'd instead said this?" and post the large flipchart strip that reads, "I'm not going to your game. Let's talk later." Have a few students respond. Ask, "What's different between the two?" Probe for the fact that the last statement doesn't explain why and sounds like Partner A is mad or like something's wrong.

Say, "Clearly, I have some choices as to how I can bring this up – but regardless of what I choose, it's going to have an impact on how the other person responds. I won't necessarily know what that impact is until my significant other responds – but I can think before I speak and choose my words carefully. Which is what you are about to do."

Step 4: Divide the class into pairs. Then put two pairs together to form a group of four. Say, "In each group of four are two pairs. Each pair will represent one person in a relationship, partner A or partner B. This couple needs to talk about an important part of any relationship: how they're going to deal with technology in their communication with each other and with others about their relationship."

Hold up an envelope and say, "One pair will receive an envelope that reads 'Partner A' and the other, 'Partner B.' Inside are strips of paper with individual statements. You are going to create a conversation between the partners using these statements. Here are the rules:

1. You can only use each slip once.
2. You are both interested in staying together – you want the relationship to work!

You will have five minutes for each pair to look through their statements to get a sense of what's there. Then when I say, 'Go,' Partner A will start the dialogue with one of their statements. Partner B will then have a minute in which to put down their response. Partner A shouldn't move forward until I say so." Answer any questions and distribute the envelopes to the pairs and ask each pair to look at them together and start planning how they will use them.

Step 5: After a minute or two, say, "Okay – Partner A, let's get the conversation started. Put down your conversation starter. Partner B, don't respond yet." After a minute, check to make sure all the Partner As have gone, then say, "Okay, Partner B, put down your response. Partner A, read what Partner B put down on the desk. You have a minute to come up with your response. Partner B, please wait to respond until I tell you to."

Continue to facilitate this process, giving a minute for each "partner" to go, until each has put down five statements. Walk around the room and check their work, giving guidance as needed. As you walk around, tear off a long strip of masking tape and leave it for each group.

Step 6: After the last turn, ask students to stop and reflect on their dialogue. As they are reading through, ask them to take the pieces of tape and tape the dialogue to the desk or table top. Then ask groups of four to carefully walk around the room and read the dialogues of the other groups before returning to their original ones. Ask them to sit together as a group of four for the remainder of class.

Process the activity by asking the following questions:

- What was it like to do that? What was [easy, hard, fun] about it?
- What did you think of the conversation you created overall? Did it work out well or did it seem like they still had things to talk about?
- Thinking about your conversation or any of the ones you observed – what did you notice worked WELL in the "couples" discussions? What did you notice did NOT work well?
- What does this tell you about what's most important when you're trying to have a conversation about something important?

As students respond, write the phrase, "Take-home messages" on the board and record their answers beneath it. If it's not included by the students, be sure to share the following:

- However you communicate – whether verbally or via text – it's important to communicate. Otherwise, it's all a guessing game!
- Technology is a big part of all relationships today. Talking up front about what you do and don't want, and what you do and don't expect around privacy and the other things we discussed in class is really important.

Distribute and go over the homework assignment.

Step 7: **QUESTION BOX:** *Give each student several strips of scrap paper.*

Give each student several strips of scrap paper. Ask students to write at least one question or one thing that they learned today and drop it in the anonymous question box. (If everyone is writing, nobody feels like the only one with a question). Tell your students NOT to write their name on the strip of paper, unless they would prefer to talk with the teacher privately about their question. Only one question should be written on each strip of paper, but it is OK for students to use as many strips of paper as they like.

Note to teacher: Answer questions the following day to allow yourself time to review the questions from the box that are related to the content within the approved curriculum. Remind students that you may not be able to answer all questions.

ASSESSMENT: The in-class activity is designed to achieve both learning objectives, while the homework assignment will reinforce the learning to ensure the objectives are met.

OPTIONAL HOMEWORK: “iRelationship” video clip and worksheet – students are to watch this brief, online video, respond to questions in the worksheet provided and bring their sheets to the next class session.

I really like you.

I really like being with you.

I'm so glad that we're a couple.

I really like it when you post photos of us.

I don't want you to post photos of us unless I've seen them and said ok.

Snapchat's ok, but no Instagram posts.

Why don't you ever post pictures of us?

Can I talk to you about something?

I don't like posting photos – they're just for us.

Yes.

Yes.

Yes.

Okay.

I want you to send me a sexy picture of you.

I'm not comfortable doing that.

No.

No.

No.

Sure.

I don't feel like talking right now.

Why are you pushing me?

Me, too.

I really like that people know we're together.

I feel really close to you.

You can trust me.

Everyone does this.

I'm really serious.

I don't want you to check my phone without my saying it's okay.

We should trust each other.

I don't care if you check my phone.

I have nothing to hide, but you need to trust me.

What are you hiding?

I don't like it when you keep texting me and asking where I am.

I don't like it when I text you and you don't respond.

When you only text one word to me you sound mad.

I don't like texting.

We'll only post photos on...

Instagram.

Snapchat.

Other social media if we both agree.

If one of us posts a photo and the other doesn't like it, we'll take it down.

Name: _____ Date: _____

Homework: iRelationship

Instructions: Watch the video, iRelationship, which you can find online at **<https://vimeo.com/22365117>** and then answer the following questions about it.

1. Things seemed to be off to a good start between James and Jessica. What changed and why?
2. What was the main thing James was confused about?
3. What was the main thing Jessica was confused about?
4. What was different about Jessica and Ryan's encounter on the bus?
5. What could make James and Jessica's situation better?

Teacher's Guide

Homework: iRelationship

The following offers some possible responses to the open-ended questions connected to the homework video. Student responses that recognize something close to these points, or that bring up other valid points in the teacher's opinion, should be considered correct.

1. Things seemed to be off to a good start between James and Jessica. What changed and why?

James didn't respond to Jessica's final text that first night they were texting, which sent Jessica the message that he wasn't interested in hanging out with her.

2. What was the main thing James was confused about?

Whether Jessica wanted to hang out as friends or whether going out meant they were on a date.

3. What was the main thing Jessica was confused about?

Why James didn't respond after she suggested getting together during their first text chat; also, why James eventually seemed interested, and then took off when they were out together in the park.

4. What was different about Jessica and Ryan's encounter on the bus?

Ryan spoke directly to Jessica. He was clear that he wanted to hang out. Jessica also asked him directly whether it would be a date and he said, again clearly, that it would be.

5. What could make James and Jessica's situation better?

If they avoided guessing what the other wanted or was interested in and just asked – or said so clearly. James and Jessica both talked with other friends about what the friends thought might be going on, but James and Jessica never spoke with each other.

We Need to Talk

TEACHER'S NOTE/PREPARATION: Print out and cut up the role-play scenarios as indicated below. Each triad should receive all three scenarios.

TARGET GRADE: Grade 8, Lesson 4

TIME: 50 minutes

FLORIDA STANDARDS ALIGNMENT:

- **HE.8.PHC.1.3** – Assess the importance of assuming responsibility for personal health behaviors.
- **HE.8.PHC.1.4** – Assess personal health practices.

LEARNING OBJECTIVE:

1. Name two characteristics of effective listening.
2. Name two characteristics of effective communication.
3. Demonstrate proficiency with using effective listening and communication skills in scenarios relating to sexual decision-making and safer sex.

LESSON MATERIALS:

- Strips of scrap paper
- Question box
- Laptop or desktop computer
- LCD projector and screen
- PowerPoint: "Communication Skills"
- Role Play Scenarios – one handout per every three students, each cut into individual scenarios (three scenarios per triad)
- Pencils or Pens in case students do not have their own
- Homework: "Let's Talk" – one per student

LESSON STEPS:

GROUND RULES

Note to teacher: This curriculum works best in classrooms where there's a mutual feeling of trust, safety, and comfort. Ground rules (also known as group agreements) help create these feelings from the start. Ground rules that work are:

- *appropriate for your student's age and developmental stage*
- *agreed upon by everyone*
- *well explained so that students are very clear about what's expected*
- *posted clearly in your classroom*
- *referred to at the beginning and throughout the unit*

Make your ground rules list with your class. The first six 6 in bold may work with your grade level.

Ground rules work better when students are involved in creating the list. The list doesn't have to be long. You can use 5 or 10 bullet points that are broad enough to cover the key messages you want students to remember. Some examples you can use as a guide are:

- *no put-downs*
- *respect each other*
- *questions are welcome using the question box*
- *listen when others are speaking*
- *speak for yourself*
- *respect personal boundaries*
- *no personal questions*
- *it's okay to pass*
- *use scientific terms for body parts and activities*
- *use inclusive language*
- *classroom discussions are confidential*
- *we will be sensitive to diversity, and be careful about making careless remarks*
- *it's okay to have fun*

Step 1: Review Ground Rules with students. Answer question(s) from the previous lesson.

Note to teacher: Please answer questions from the question box that are related to the content within the approved curriculum. Remind students that you may not be able to answer all questions.

Step 2: Say, "Today we will be discussing how people communicate, specifically around sex-related issues. A lot of times when we try to figure out the best way of communicating with people, we focus on what we say, and how we say it. And that's really important. What we also need to keep in mind, though, is that listening is just as important as speaking. We're going to talk about both today, starting with looking at how we can be good listeners when someone is speaking with us – especially about something really important like making decisions about sexual behaviors."

Step 3: Start the PowerPoint, "Communication Skills." Explain that there are five things we should all do when someone is speaking with us to ensure we understand what they're saying – and they feel like they've been heard and understood. Go through the slide, "Listening is Key!" point by point. Once you are done, ask for a student who you know to be a strong participator in class to come to the front of the room and bring a chair. Once the student is seated, ask this student to talk about one of the things they most love to do. As the student speaks with you, model doing all five of the points on the slide WRONG. Once you are sure you have done all five poorly, stop, look at the class and ask, "What did you notice about what I did as [student's name] was speaking?"

After the students reflect back how they noticed you modeled each of the points on the slide, ask the student how they felt as they told you about what they enjoy doing. Ask if they felt like you were listening to them. What about what you did made them feel like they were not being listened to?

Ask them to start talking again. This time, model all five of the points on the slide CORRECTLY. Once you are sure you have done all five, stop, look at the class and ask, "What did you notice this time as [student's name] was speaking?"

After the students reflect back how they noticed you modeled each of the points on the slide, ask the student how they felt as they told you about what they enjoy doing. Ask if they felt like you were listening to them. What about what you did made them feel like they were not being listened to?

Step 4: Say, "Once you know how to be a better listener, you need to be a better communicator, too – especially when you're talking to someone about something you feel strongly about." Go through the second slide in the PowerPoint, titled, "So Is Being Clear!" Model this by asking another student to come to the front of the room. Say, "I want you to pretend to be the teacher, and I'm the student. My grades are slipping and I want to ask you to give me an opportunity to do some extra credit, okay?"

As in the previous example about listening, go through modeling the four points poorly. For example, you may wish to be really unclear about what you want from the "teacher;" to use "you" statements, such as, "you never want to help me improve my grades!"; to interrupt when the "teacher" speaks; and to not be willing to compromise.

Once you have done this, ask the class, "So, how effective of an exchange was that? What could I have done better?" After they have provided some responses, turn to the student who role-played the teacher and ask whether they would add anything else.

Turn back to the class and ask whether anyone would like to try asking this "teacher" for extra credit. When the volunteer comes to the front of the room, remind her/him that they are to try to do the steps well. Give them a few minutes to ask their "teacher" for extra credit, keeping the slide up so the student can refer back to the points.

Once the student has completed their request, ask the rest of the class and the "teacher" how they think the student did. After the feedback, say, "So, to summarize – any kind of discussion between people involves paying attention to both what we say and how we listen. If we miss any of these steps, that's when misunderstandings can happen."

Step 5: Say, "These examples were about something fairly easy to talk about – grades and extra credit. Let's look at what it's like to apply these tips to a conversation about sex."

Break the class into groups of three. Tell them that two of them will be practicing their communication and listening skills using a scenario you will provide, and the

third person will observe in order to tell them how they did. Let them know that they will be given three different scenarios, and that they will switch each time so that everyone will be the observer once.

Switch to the third PowerPoint slide and keep it posted as a reminder to the students as they role play. Distribute the scenario and ask them to decide who will play each role. Tell them they will have approximately 3 minutes in which to role play.

Once 3 minutes have elapsed, ask students to stop their role plays and the observers to comment on how the first two students did. After about 2 minutes, thank the observers and ask the students to decide who will be playing which roles for the next scenario. Distribute scenario #2 to the students.

Repeat the process as before, reminding the students who are participating in the role play that they have approximately 3 minutes. After 3 minutes, ask them to stop and have the observer weigh in on what they saw. After 2 minutes, thank the observers and ask the students to switch so that the student who has not yet been the observer is now the observer and the other two students can participate in the final scenario role play. Distribute the scenario and remind them they have about 3 minutes in which to role play. As before, ask students to stop after 3 minutes and ask the observer to share their impressions. After about 2 minutes, thank the observers.

Step 6: Process the experience by asking the class, "When it came to your small groups which of these things [indicating the PowerPoint slide] do you feel you tended to do well? Not as well? Why do you think that is?"

Step 7: After approximately 5 minutes, ask the students to pass up their reflection sheets. Explain the homework assignment, which involves having a conversation with a parent/ caregiver and practicing the skills you learned in class.

Step 8: **QUESTION BOX:** *Give each student several strips of scrap paper.*

Give each student several strips of scrap paper. Ask students to write at least one question or one thing that they learned today and drop it in the anonymous question box. (If everyone is writing, nobody feels like the only one with a question). Tell your students NOT to write their name on the strip of paper, unless they would prefer to talk with the teacher privately about their question. Only one question should be written on each strip of paper, but it is OK for students to use as many strips of paper as they like.

Note to teacher: Answer questions the following day to allow yourself time to review the questions from the box that are related to the content within the approved curriculum. Remind students that you may not be able to answer all questions.

ASSESSMENT: The small group role plays will achieve the first two learning objectives and provide an opportunity for students to receive feedback on their understanding of

the communication and listening skills discussed in class. In addition, the brief self-reflections at the end of class will achieve the third learning objective and enable the teacher to ascertain which of the points resonated with the students and how they intend to use these skills in the future.

HOMEWORK: “Let’s Talk” worksheet – ask students to complete the worksheets and bring them to the next class with them.

Scenario One

Person one: You are at the beginning of a relationship with someone and are thinking it might go to the next level sexually. You don't think they've been with anyone else, so you don't think you need to use a condom. You're excited to tell your friend about your plans!

Person two: Your close friend is at the beginning of a new relationship and is thinking of taking it to the next level sexually with the person they're seeing. Unfortunately, they have zero interest in using condoms. You want to try to convince them that it's important to do so if they want to avoid STIs and/or pregnancy.

Scenario Two

Person one: You have every intention of staying abstinent until you're older. That doesn't mean, however, that you're against showing affection in other ways that don't carry a risk for STIs and/or pregnancy. Person two is the person you've been seeing – and who wants to start having sex with you. How can you let them know you want to stay in the relationship but stick with your decision to wait to have sex?

Person two: You have never had sex before, but you've dated and kissed and made out with people. You really like person one and have been spending a lot of time together. You feel like if there's anyone you could have sex with, it's them – but they seem to want to wait. Can you see whether you might be able to get them to change their mind?

Scenario Three

Person one: You and person two have talked about it and think you're ready to have sex for the first time. Neither of you has ever had sex before. I mean, you've done other stuff with people, but not sex. Do you need to speak with person two about safer sex or are you good? How do you do that?

Person two: You and person one have talked about it and think you're ready to have sex for the first time. You haven't really had intercourse before – I mean, there was that one time when you got pretty close to it – but that doesn't really count, does it? Do you need to speak with person two about safer sex or are you good? How do you do that?

Homework: Let's Talk...

Dear Parent/Caregiver:

Today in class, we learned some new communication and listening skills. Because our unit now is on human sexuality, we practiced those skills within the context of sexual decision-making.

For homework, we'd like you to have a brief conversation with your 8th grader about something you'd like them to know relating to sexuality. Not sure what to ask about? Here's a list of some possible topics:

- At what age do you think it's okay for people to start having sex and why?
- What's the best way of making sure you treat a romantic partner with respect – and that you are also treated with respect?
- When you are ready to be in a sexual relationship, what's the best way of talking about safer sex with your partner?

Please know that you will not be asked to share the content of your conversation, so it can be about any of these or a totally different sex-related topic.

Once you've had this conversation, please sign below and ask your 8th grader to respond to the question that follows. Then ask your child to return it during the next class.

Student Name:

Parent/Caregiver Signature:

Dear Student,

Which of the listening and communication skills did you use in your discussion with your parent/caregiver? How did it go?

We Need to Talk

Listening Is Key!

From The Random Acts of Kindness Foundation

- **Look at the person who is speaking**
- **Concentrate on what is being said**
- **Respond by nodding or answering questions**
- **Ask questions if you do not understand or need more information**
- **Drop all other distractions or activities**

So Is Being Clear!

- **Say what you want, directly.**
- **Use “I” statements**
- **Listen to what the other person says they want.**
- **If you agree, great – if you don’t, how can you compromise?**

Effective Negotiation!

- **Communication is rarely one person speaks/texts, the other person responds, and it's over.**
- **Negotiation means saying what you want – and making your case in a way that respects the other person's needs, too.**
- **Communication and negotiation are about sometimes getting what you want, sometimes letting the other person get what they want, and sometimes compromising between the two.**

Remember...

When Listening...

- Look at the person who is speaking
- Concentrate on what is being said
- Respond by nodding or answering questions
- Ask questions if you do not understand or need more information
- Drop all other distractions or activities

When Speaking...

- Say what you want, directly.
- Use “I” statements
- Listen to what the other person says they want.
- If you agree, great – if you don’t, how can you compromise?

Talking Without Speaking:

The Role of Texting in Relationships

TARGET GRADE: Grade 8, Lesson 5

TIME: 50 minutes

FLORIDA STANDARDS ALIGNMENT:

- **HE.8.PHC.1.3** – Assess the importance of assuming responsibility for personal health behaviors.
- **HE.8.PHC.1.4** – Assess personal health practices.

LEARNING OBJECTIVE:

1. Name at least one thing they do and don't like about communicating via text.
2. Identify at least two ways in which people can miscommunicate via text and the impact these miscommunications can have on their relationship with another person.
3. Explain at least one way of texting clearly and respectfully with another person in an effort to avoid misunderstandings.

LESSON MATERIALS:

- Strips of scrap paper
- Question box
- Laptop or desktop computer with PowerPoint on it
- Worksheet: "Beth and Sam" – enough copies for half the class
- Homework: "Let Me Think About It" – one per student
- White board and two markers (marker should be two different colors preferably green and red).
- LCD projector and screen
- PowerPoint: "Talking by Texting"

LESSON STEPS:

GROUND RULES

Note to teacher: This curriculum works best in classrooms where there's a mutual feeling of trust, safety, and comfort. Ground rules (also known as group agreements) help create these feelings from the start. Ground rules that work are:

- *appropriate for your student's age and developmental stage*
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Ground rules work better when students are involved in creating the list. The list doesn't have to be long. You can use 5 or 10 bullet points that are broad enough to cover the key messages you want students to remember. Some examples you can use as a guide are:

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- *use scientific terms for body parts and activities*
- *use inclusive language*
- *classroom discussions are confidential*
- *we will be sensitive to diversity, and be careful about making careless remarks*
- *it's okay to have fun*

Step 1: Review Ground Rules with students. Answer question(s) from the previous lesson.

Note to teacher: Please answer questions from the question box that are related to the content within the approved curriculum. Remind students that you may not be able to answer all questions.

Step 2: Say, "Today we are going to be talking about the types of social media you all tend to use, and what you do and don't like about them. What are you currently using?"

Record the list on the board.

Examples might include:

- Instagram
- Vine
- Facebook
- Snapchat
- YouTube
- Tumblr
- Twitter

Once you have a list brainstormed ask, "What are the things you like about these? What don't you like about them?" With the green marker, record what they say they like, and use the red marker to record what they say they don't like.

Ask, "How many of you have ever messaged with someone, either using a phone for texting or some other app?" After a few hands have been raised ask, "Have you ever misunderstood what someone meant when they messaged you – or had someone

misunderstood what you meant?" After a few responses say, "It's really common for this to happen. Let's take a look at why that might be, and what we can do about it."

Step 3: Start the PowerPoint, "Talking by Texting." Say, "Sometimes we don't know what a person means because there's no feeling behind the text. Or, people use shorthand – they think they're being super clear, but we're not sure what they mean, and vice versa. Let's take a look at a few examples."

Go to slide #2, and go through each example one at a time. Use the following as a guide:

Example One: Someone writing "Thx" vs. "Thanks" can sometimes communicate flirting – or just affection if it's done between friends or family members. In other cases, it's just a quick short-hand, and have no meaning behind it.

Point out that person one said "I enjoyed hanging with you yesterday" but person two did not say, "Me, too." Ask students whether they noticed that, and what they think. If they were Person One, how could they follow up to see whether Person Two enjoyed hanging out with them?

Example Two: Ask the students what they think Person Two is saying in their response, as well as how Person One might interpret that answer. Ask them to share what they think Person Two could have done differently.

Example Three: Ask students about Person Two's response. Explain that with punctuation in texts, the number used communicates different things. One question mark would have communicated confusion – three can communicate "I'm annoyed with you." Ask what Person Two could have said to be clearer.

Example Four: Ask students what the symbol on the slide means, probing for "I'm texting you back." Talk about how it feels to be waiting for a response – or how it feels to see those, have them disappear, and then reappear. This communicates that the person is writing and re-writing their response. In other cases, people aren't planning to respond, but hit a random letter, and so the dots will remain there until they delete the random letter. This can be really confusing to and raise anxiety for Person Two, depending on what they're discussing.

Example Five: Ask, "What are some reasons why a person may not text another person back?" Probe for:

- They may not feel like talking/not like you
- Somebody may have come up to them
- They might have gotten another text from someone else
- They might have gotten distracted

Say, "Has anyone ever been ignored by another person? What does that tend to feel like?" After a few responses, go to the next slide and say, "Not responding at all to a text is like ignoring someone. And even though you may have a reason for not responding, the other person doesn't necessarily know that. Go to Slide #5 and say,

“Emojis can help – as you know, this represents only a small number of what’s out there! The only problem is—” go to slide 6—“even Emojis can’t communicate everything you’re trying to communicate sometimes. Say Person One asks Person Two to hang out – A thumbs up is pretty clear that Person Two is up for it; what could the second Emoji communicate? How about the last two?” If it’s not mentioned, talk about how the fourth Emoji can be used to communicate an expectation of doing something sexual.

Step 4: Ask whether they know of anyone who had a fight with a friend or boyfriend or girlfriend via text or other messaging. Ask for examples of what the fight was about. Pull out themes, probing for issues relating to what was said and how it was said – as well as how each person responded.

Say, “Talking by text is really similar to talking in person or talking over the phone or by FaceTime – but there are some real differences. Let’s figure out how we can text in ways that are clear – and don’t put us into awkward or even unsafe situations.”

Divide the class into pairs. Hand out the Beth and Sam Worksheet and ask for individual volunteers to read the first three paragraphs aloud. Tell pairs they will have about 10 minutes to read the text dialogue and answer the questions on page 2 together.

Step 5: After about 10 minutes, process in the larger group by going through the questions on the worksheet. Make sure to make the following points:

- Just like with in-person conversations, people can misunderstand or miscommunicate via text.
- The main difference between a difficult conversation or disagreement via text rather than having it in person is that a person can put down their phone and not respond, which can feel hurtful and disrespectful to the other person.
- Texts that you thought were fine to send but were misconstrued by another person can be forwarded to other people, which can blow the situation out of proportion and make a private disagreement public.

Step 6: Distribute the homework sheet, which asks them about their own use of cell phones to communicate with others, and ask them to return it during the next class session.

Step 7: **QUESTION BOX:** *Give each student several strips of scrap paper.*

Give each student several strips of scrap paper. Ask students to write at least one question or one thing that they learned today and drop it in the anonymous question box. (If everyone is writing, nobody feels like the only one with a question). Tell your students NOT to write their name on the strip of paper, unless they would prefer to talk with the teacher privately about their question. Only one question should be written on each strip of paper, but it is OK for students to use as many strips of paper as they like.

Note to teacher: Answer questions the following day to allow yourself time to review the questions from the box that are related to the content within the approved curriculum. Remind students that you may not be able to answer all questions.

ASSESSMENT: The first learning objective will be accomplished during the whole-class brainstorming activity. The second learning objective will be addressed during the short PowerPoint presentation and discussion, and reinforced by the paired worksheet activity, the latter of which will also fulfill the third learning objective.

HOMEWORK: Students will complete a self-assessment of their own cell phone use with a specific focus on communicating via text.

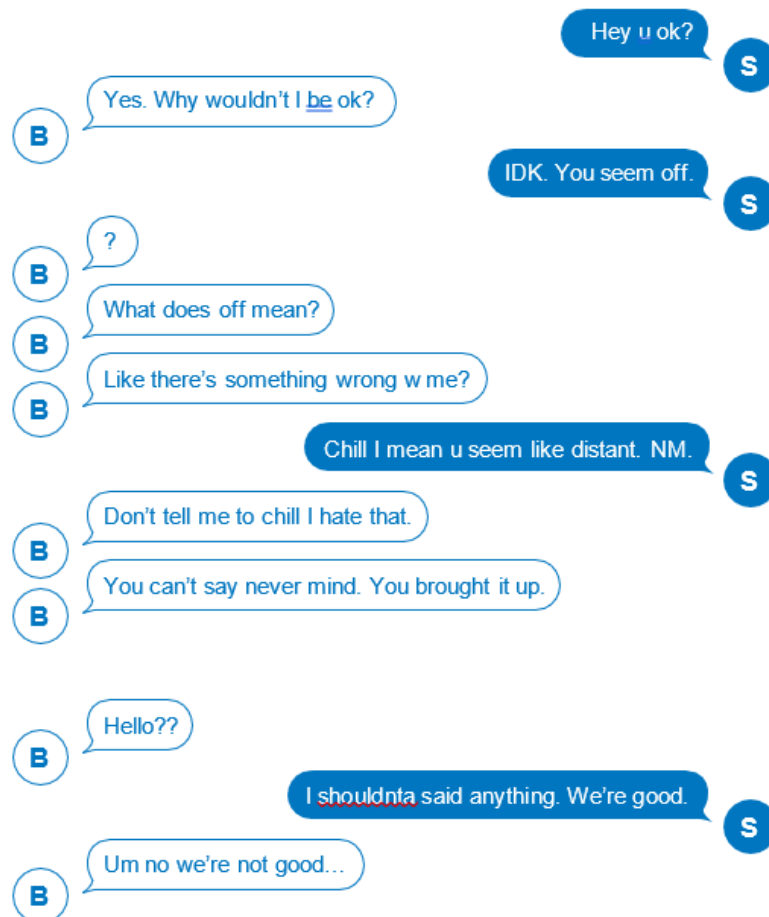
Beth and Sam

Beth and Sam have been going to the same schools since Kindergarten. They only knew each other to say hi, but never really spent time together. When they got into middle school, things started to change – they started looking for each other in the hallways and then looking away and smiling. They also started asking other friends about each other. Finally, near the end of 8th grade, Sam got Beth's number and texted her: "Hey."

Beth responded with, "Hey you ;)" and Sam said, "sup?" and the texting went on from there. About a half an hour later, Sam asked Beth if she wanted to hang out after school the next day, and she said she did. Within a few days, they were officially a couple.

Sam and Beth spent a lot of time together. They also texted a lot – even just quick texts like, "hey boo" and "love u." About a month into the relationship, Sam noticed those quick texts weren't coming as often. He wants to talk with Beth about it but isn't sure how.

Here's what he tried:



QUESTIONS:

1. What happened here?
2. What made it go from being a friendly text to an argument?
3. Why do you think Beth responded to Sam's text as she did?
4. How did Sam's response to Beth make things worse, not better?
5. Now that this has happened, what do you think Sam should do next? What do you think Beth should do next?

Let Me Think About It:
How I Use Technology to Communicate

Name: _____

Instructions: Fill out the following survey about how YOU use technology to communicate with others in your life.

1. Do you own a cell phone? Yes No

If yes, at what age did you get your cell phone? If no, why not?

2. What do you use your cell phone for? (Check all that apply):

- ☐ Talking to friends/a boyfriend or girlfriend
- ☐ Texting with friends/a boyfriend or girlfriend
- ☐ Taking and sharing photos on SnapChat, Instagram, or other social media?
- ☐ On social media sites like Facebook or YouTube?
- ☐ Playing games?

3. What do you like about being able to text with friends/a boyfriend or girlfriend?

4. What do you NOT like about texting with friends/a boyfriend or girlfriend?

5. How do you think your life would be different if you didn't have technology to communicate with other people?

Talking by Texting

You're Person One.

What do you think Person Two is saying to you?

- **Person One: "Liked hanging with you yesterday"**
- **Person Two: "Thx"**

- **Person One: "Hey, I was just thinking about you!"**
- **Person Two: "KK"**

- **Person One: "Thanks for the present. See you tmw!"**
- **Person Two: "???"**

You're Person One.

What do you think Person Two is saying to you?

- **Person One: “You’re kinda awesome”**
- **Person Two:**
- **Person One: “You haven’t texted me, wth???”**
- **Person Two:**

I text you, you
dont text back,
I feel
stupid.



THEFUNNYPLANET.COM

Don't you hate when
people text you, then
don't text you back right
away? What, did they just
text you and then throw
their phone?



someecards
user card

Emojis help...



...but even emojis are limited

• **Person One:** “Wanna hang out?”

• **Person Two:** 

vs.



vs.



vs.



Warning Signs:

Understanding Sexual Abuse and Assault

ADVANCED PREPARATION:

- Make sure you have internet access in your classroom and that you have had these links unblocked for your use:
 - Rape and Sexual Assault: <https://www.hrmvideo.com/catalog/rape-get-the-facts>
 - The Signs: <https://youtu.be/He1pu4VwKdM?si=otvVtI0aj4GqMt41>
- Right before class, open the videos and make sure they are working; keep the links open and minimized so they are ready when you need them.
- Be sure to tell the school counselor that you will be addressing this topic in class and invite them to sit in in case a student discloses any current or past abuse or is triggered by what is discussed. If the counselor is not available, you may wish to follow up with them after the class as needed to let them know whether you observed anything in any of the students that would make you feel concerned and merit follow-up.
- If the school counselor is not available, it would still be useful to have another adult in the classroom in case a student needs to step out of the class or is otherwise particularly distressed by the material.

TARGET GRADE: Grade 8, Lesson 6

TIME: 50 minutes

FLORIDA STANDARDS ALIGNMENT:

- HE.8.CEH.1.2 – Evaluate community health problems and concerns common to adolescents.
- HE.8.CEH.3.1 – Investigate community strategies to reduce or prevent injuries and other adolescent health problems.

LEARNING OBJECTIVE:

1. Name two different types of sexual assault.
2. List one example of each of the following: mutual consent, unfair manipulation, threats and aggression.
3. Describe two possible impacts of a sexual assault or abusive relationship on the person who was assaulted.
4. Demonstrate an understanding of how to report a sexual assault or abusive relationship.

LESSON MATERIALS:

- Strips of scrap paper
- Question box
- Laptop connected to the internet
- LCD projector and screen
- White board and markers
- Newsprint paper and markers (if pre-writing the chart is described on page 4)
- Homework: “Taking Action: Making Sexual Assault Stop” - one per student

- Pencils or Pens in case students do not have their own
- Speakers to project audio from videos

LESSON STEPS:

GROUND RULES

Note to teacher: This curriculum works best in classrooms where there's a mutual feeling of trust, safety, and comfort. Ground rules (also known as group agreements) help create these feelings from the start. Ground rules that work are:

- *appropriate for your student's age and developmental stage*
- *agreed upon by everyone*
- *well explained so that students are very clear about what's expected*
- *posted clearly in your classroom*
- *referred to at the beginning and throughout the unit*

Make your ground rules list with your class. The first six 6 in bold may work with your grade level.

Ground rules work better when students are involved in creating the list. The list doesn't have to be long. You can use 5 or 10 bullet points that are broad enough to cover the key messages you want students to remember. Some examples you can use as a guide are:

- ***no put-downs***
- ***respect each other***
- ***questions are welcome using the question box***
- ***listen when others are speaking***
- ***speak for yourself***
- ***respect personal boundaries***
- *no personal questions*
- *it's okay to pass*
- *use scientific terms for body parts and activities*
- *use inclusive language*
- *classroom discussions are confidential*
- *we will be sensitive to diversity, and be careful about making careless remarks*
- *it's okay to have fun*

Step 1: Review Ground Rules with students. Answer question(s) from the previous lesson.

Note to teacher: Please answer questions from the question box that are related to the content within the approved curriculum. Remind students that you may not be able to answer all questions.

Step 2: Explain to the students that you are going to be talking about a particularly intense topic today – sexual abuse and assault. If you have already created ground rules for your classroom, be sure to highlight them before starting the lesson. If you don't have any already created, explain to the students that you are going to ask them to be particularly sensitive and respectful during this class session.

Step 3: Say, "Talking about sexual abuse and assault and harassment can sometimes be really clear and straight forward. For example, you may know already that rape and sexual assault are when someone is forced to do something sexual they don't want to do. Let's take a quick look at some basic information about sexual assault."

Play the video clip, "Rape: Get the Facts" from <http://www.hrmvideo.com/catalog/rape-get-the-facts>. Stop the video at 2:00 after McPherson says, "It's a men's issue."

Ask the students, "What facts stood out to you about this clip?" Probe for the following:

- That sexual abuse and assault happens so often in the US
- That it happens so often to people when they're really young
- That most people know the person who assaulted them
- That it happens to boys and men, too
- That it happens to people of all races and ethnicities and other backgrounds

Ask, "What do you think one of the women interviewed meant when she said, 'rape is about power and control, it's not about sex?'" (As you ask this, be writing the phrase, "rape is about power and control, it's not about sex" on the board).

Probe for:

- People who rape aren't concerned about what the other person wants – it's all about "conquering" the other person and getting them to do what they want them to do.
- Even though the overpowering is done through a sexual behavior, the overpowering of the other person is the turn-on, it's not the sex act. People of all ages, body types and appearances are raped or sexually assaulted. It's not about physical attractiveness, it's about someone deciding that another person is vulnerable in some way and taking complete control away from that person.

Say, "The social worker talking about boys and men who are sexually assaulted said, 'For a boy or man to report a sexual assault really takes a lot.' Why do you think it may feel more difficult for boys and men to report sexual assault?" Probe for:

- Because if a heterosexual guy is assaulted by another guy, he may be worried that other people think he is or "will become" gay because of what happened (be sure to tell them this is not the case).
- If the guy who was assaulted actually is gay, he may feel unsafe reporting it to someone else because he might be worried they'll discriminate against or further victimize him (or simply not care).
- If the rapist is female, he may feel like no one will believe him – or won't understand why he could not overpower her or otherwise get away.

Say, "Don McPherson, the last person who spoke in the clip, talked about how people often think of rape and sexual assault as women's issues, since the majority of people who report being assaulted are women. What do you think he meant when he said that rape is a men's issue?" Probe for:

- Even though anyone of any gender can assault a person of any gender, the vast majority of rapes and sexual assaults in the world are committed by men. So in addition to helping people who are survivors of rape and sexual assault, we need

to focus on trying to keep boys and men from ever believing they have a right to force someone else to do something sexual.

Step 4: Say, “I mentioned before that when someone forces someone to do something they don’t want to do, it’s pretty clear cut that it’s sexual assault. But what happens when it’s unclear? We’re going to do an activity now where we look at what’s okay and not okay when it comes to sexual touch and behaviors – how we can be clear about what we do and don’t want to do – and how we can be sure to recognize whether the other person is really giving their consent to – meaning, actively saying “yes” and that you are sure they want to be kissed or touched by you.”

Step 5: Either have the following written on the board with the video screen covering it, or have it pre-written on newsprint and post it at this point:



Say, “I’m going to start at the far right, because we just talked about this, and as I said, it’s the most obvious and easily recognizable example of sexual touch that is never okay, and illegal.

Rape/Sexual Assault is when someone forces another person to perform a sex act, such as vaginal, oral or anal sex. This includes when someone uses an object to – and in some states, even a finger.

Aggression is more random touching – like someone walks by someone and pinches them or touches a sexual body part – where the act is over before the person could have even given their consent. This is a type of assault, even if it may have been intended as a joke or as teasing.

Threats refers to when someone tells the other person that if they don’t do something sexual with them, there will be consequences that are not physical – for example:

- ‘If you don’t have sex with me, I’ll go out and find someone who will.’
- ‘If you don’t have sex with me, I’ll just tell people you did anyway.’
- ‘If you don’t do this, I’ll forward those sexy pictures you texted me to everyone you know.’

Unfair Pressure is when someone uses what they know is important to the other person to get that person to do what they want. It’s not restricted to sexuality-related things, but we’re going to keep focused on that. For example:

- When someone says, ‘I love you’ to someone even if they don’t, because they think saying that will get that person to do something sexual with them.

- When someone keeps pressuring the other person, knowing that that person will eventually give in just to make the pressure stop.

Mutual consent is essential in any relationship. It's when both people actively say what they want, and both people agree to any behavior that they are going to do together. When we are talking about doing something sexual in nature, you need to ask your partner if they want to do it. Do they want what you want? Never assume that just because someone doesn't verbally say "no" it means that they are good with it, always ask. And if you can tell your partner doesn't feel right about doing something, back off and consider something else."

Likewise, if you don't feel right about doing something, speak up and say it." Say, "That was a lot to go through! What's your reaction to seeing all these? Do you have any questions?"

Step 6: After answering any questions or facilitating comments from the class, say, "Remember the part in the last video when it said that in most cases sexual assaults are committed by someone who knows the person they assault? This can, unfortunately, also be a family member. When it's committed by a family member it's called 'incest.' And sometimes, it can be a partner or spouse who is abusive, whether physically or not. For the next part of class, we're going to take a look at some of the abuse that can happen in those types of relationships."

Show the video clip, "The Signs." <https://youtu.be/He1pu4VwKdM?si=otvVtI0aj4GqMt41>

Process by asking the following questions:

- "How do you think Amanda is feeling when Nick first asked her out?"
- "What was the first sign that there was something off about the relationship?"
- "How did Nick respond after their first argument? Do you think this was a healthy way to respond or not?"
- "Where would you put the different interactions between them on the chart?"
Write these up on the board/newsprint.
- "When the relationship started moving from Mutual Consent to the right, what impact(s) did it have on Amanda? What about on her best friend, Ashley?"

Step 7: Say, "We often hear the term 'dating or domestic violence,' when abusive relationships may not be physically abusive at all. The point here – and the theme that runs throughout these videos and all the information we have been discussing during this class -- is 'power and control.' And while you may hear 'power and control' and think that's something you'd want -- it's not something that should be a part of a healthy relationship. So even if you're the one doing the manipulating and controlling, your relationship isn't healthy. And keep in mind – some of the behaviors we've been talking about are also illegal. Someone who is being abused or assaulted should speak up if they can so that others can help make the abuse stop and so that it won't happen to someone else." Say, "The first step in making it stop is to know how. So the homework for this class will be to visit at least one of the websites on the sheet I'm about to hand out to you and answer some questions I've asked." As you distribute the homework assignments, say, "This is a very intense topic we've discussed. The school counselor knows we were going to talk about this today. So, if you have more questions and

you want to talk about this more, you can speak with the school counselor – or of course, you can always come to me to talk.”

Step 8: **QUESTION BOX:** *Give each student several strips of scrap paper.*

Give each student several strips of scrap paper. Ask students to write at least one question or one thing that they learned today and drop it in the anonymous question box. (If everyone is writing, nobody feels like the only one with a question). Tell your students NOT to write their name on the strip of paper, unless they would prefer to talk with the teacher privately about their question. Only one question should be written on each strip of paper, but it is OK for students to use as many strips of paper as they like.

Note to teacher: Answer questions the following day to allow yourself time to review the questions from the box that are related to the content within the approved curriculum. Remind students that you may not be able to answer all questions.

ASSESSMENT: This lesson is very effective and discussion-based; as such, the teacher will need to assess understanding of the first four learning objectives and material during the discussions as part of student participation. It is also important to keep in mind that if students have had any personal experience with abuse or assault, they may participate less – which does not necessarily mean they are not understanding the material. The homework assignment will give students the opportunity to demonstrate their understanding of some of the class content, while also achieving the fifth learning objective.

Taking Action: Make Sexual Assault and Abuse STOP

Name: _____ Date: _____

Please choose one of the following websites and respond to the questions listed below about that site:

- Break the Cycle: <http://www.breakthecycle.org/>
- Love is Respect: <http://www.loveisrespect.org/>
- Rape, Abuse and Incest National Network (RAINN): <https://rainn.org/>

Which site did you visit? _____

1. Name two facts about sexual abuse or assault from your site that you didn't know already:

- a. _____
b. _____

2. What is this site's phone hotline or text line for talking with someone about an assault or abuse?

3. If you knew someone who had been assaulted or abused, would you refer them to this site? Why or why not?

Birth Control Basics

ADVANCED PREPARATION:

- Print one set of the three category cards with one each of the following per page:
 - Protects for a Few Years (Long-Acting Methods)
 - Protects for a Month (Short-Acting Methods)
 - Protects right now
- Seven method cards copied double-sided so that the method is on one side and the three statements are on the other side – two sets needed as noted in the materials section
 - abstinence
 - external condoms
 - pills/patch/ring
 - IUDs/shot/implant
 - withdrawal
 - emergency contraception
 - dual protection

TARGET GRADE: Grade 8, Lesson 7

TIME: 50 minutes

FLORIDA STANDARDS ALIGNMENT:

- **HE.8.PHC.1.3** – Assess the importance of assuming responsibility for personal health behaviors.
- **HE.8.CEH.1.2** – Evaluate community health problems and concerns common to adolescents.
- **HE.8.CEH.3.3** – Categorize healthy and unhealthy alternatives to community health-related issues or problems.

LEARNING OBJECTIVE:

1. Describe the impact of correct and consistent use of a birth control method on how effective it is at preventing pregnancy.
2. Correctly recall that there is generally a gap between when a person may start to have vaginal sex and when they may wish to get pregnant, which makes using effective birth control important.
3. State correctly what emergency contraception is.

LESSON MATERIALS:

- Strips of scrap paper
- Question box
- Index cards – one per student
- One set of the seven method cards for students' use
- One set of the seven method cards with two additional copies of the "Dual Use" card for use by teacher
- One set of the three category cards

- Colored Construction paper
 - one piece, posted at the front of the room
- Markers
- Masking tape
- Homework – Birth Control Basics – one per student

LESSON STEPS:

GROUND RULES

Note to teacher: This curriculum works best in classrooms where there's a mutual feeling of trust, safety, and comfort. Ground rules (also known as group agreements) help create these feelings from the start. Ground rules that work are:

- *appropriate for your student's age and developmental stage*
- *agreed upon by everyone*
- *well explained so that students are very clear about what's expected*
- *posted clearly in your classroom*
- *referred to at the beginning and throughout the unit*

Make your ground rules list with your class. The first six 6 in bold may work with your grade level.

Ground rules work better when students are involved in creating the list. The list doesn't have to be long. You can use 5 or 10 bullet points that are broad enough to cover the key messages you want students to remember. Some examples you can use as a guide are:

- ***no put-downs***
- ***respect each other***
- ***questions are welcome using the question box***
- ***listen when others are speaking***
- ***speak for yourself***
- ***respect personal boundaries***
- *no personal questions*
- *it's okay to pass*
- *use scientific terms for body parts and activities*
- *use inclusive language*
- *classroom discussions are confidential*
- *we will be sensitive to diversity, and be careful about making careless remarks*
- *it's okay to have fun*

Step 1: Review Ground Rules with students. Answer question(s) from the previous lesson.

Note to teacher: Please answer questions from the question box that are related to the content within the approved curriculum. Remind students that you may not be able to answer all questions.

Step 2: Introduce the topic by explaining that birth control, sometimes called contraception, is a way to prevent pregnancy if a different-sex couple has vaginal sex. There are many different

kinds of birth control that work by preventing the sperm and egg from joining in a variety of ways if they are used consistently and correctly. This means the method is used every time the way it was intended.

Step 3: On the left end of the board draw a horizontal line running all the way to the other end of the board.

Note to the Teacher: You're creating a timeline. On the left end write the typical age of your 8th graders, likely 13 or 14.

Explain to students that this lesson will look a bit at their future through the end of middle school, over the summer, and into high school. Ask students to raise their hands if they think they may want to have children or become parents someday. Acknowledge that some might and some might not and either is fine. Ask students what someone would need to do in order to be ready to have a child. As students brainstorm responses, write them on the newsprint posted near the timeline you have created. Students will likely suggest things like have money, have a job, have a place to live, etc. Ask students, "Based on all the things on this list, what is the best age to have children, knowing that people's personal experiences can vary a lot?" (As students call out answers, write them under the timeline with a tick mark indicating where they fall. Students might give answers ranging from late teen years to early adulthood.) Summarize by saying, "Okay, now that we know what someone who wants children has to do to get ready by ages (insert ages they gave you), let's look at what they can do to reach those goals."

Step 4: Draw a stick figure above the timeline all the way to the left side. Introduce the stick figure you have drawn by stating they are currently an 8th grader like you. Say, "The stick figure wants to have children someday, but not any time soon. They are trying to decide if they should have vaginal sex or not. Let's imagine that they wait until they are older—maybe 16 before they have vaginal sex."

Note to the Teacher: Write the age of 16 on the timeline above where the stick figure is.

Say, "And this person also agrees with what we've brainstormed about what they need to do in order to be the best parent they can be. So maybe they want to wait until they are out of high school before they have children. Generally, someone is done with high school at age 18."

Note to the Teacher: Write the age 18 on the timeline a few inches down from where you wrote age 16.

Say, "So once this 8th grader is done with high school, have they done everything on this list we created?"

Note to the Teacher: Generally the answer is "no" but allow students to respond authentically here since some may be children of young parents.

So, let's say this person wants to wait a few more years after high school to have children, maybe until they're 21 years-old."

Note to the Teacher: Write the age 21 on the timeline a few inches down from age 18.

Say, "Now let's do some simple math. If this stick figure decides to have vaginal sex while they are age 16 but doesn't want to have children until age 21, how many years do they need to protect themselves from starting a pregnancy?"

Note to the Teacher: The answer should be 5 years.

Say, "We know the most effective way for this stick figure to absolutely make sure that they don't start a pregnancy is by delaying having vaginal sex, until they are older. So let's imagine that our stick figure is able to do that. Maybe they show their affection for people they are dating in other ways, but they do not have vaginal sex until age 17.

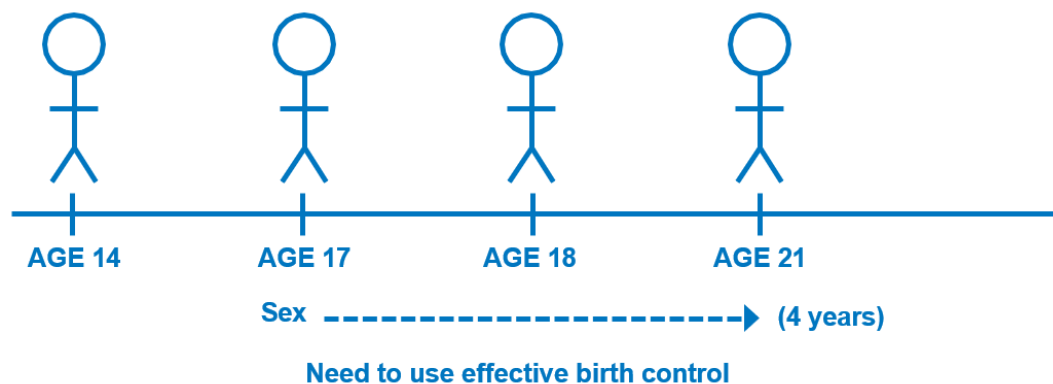
Note to the Teacher: Write the word "sex" under the age 17 on your timeline.

Now, between age 17, when they decide to have vaginal sex, until age 21, when they think they want to start having children, how many years is in between there?"

Note to the Teacher: The answer is 4 years so draw an arrow under the timeline from age 17 to 21 and the words 'need to use effective birth control'.

Say "So we have narrowed the gap a bit by waiting from 5 to 4 years But, four years is still a really long time! So this stick figure, if they decide to have vaginal sex will need to use effective birth control during that time period to make sure they don't start a pregnancy until they want to. And keep in mind that we're only talking about pregnancy today, but they will also need to protect themselves from STDs too."

Note to the Teacher: At the end, this is what your timeline should look like.



Step 5: Explain by saying, "There are many methods of birth control available to people who want to wait to have children until later in life or who may never want to have children." Introduce

the three categories and tape each category to the board to form three columns as you talk. Say, "All of these methods work a little differently but some protect right now, some protect for a short time, like one month, and some protect for a long-time, sometimes even a few years." Review the following 7 methods of birth control one at a time by showing the card with name of the method on it, stating the information about the method below and then tape the method card in the correct column you have already created.

"Abstaining from vaginal sex is the only 100% effective way to prevent pregnancy when done consistently and correctly. In fact, it is the method used by most 8th graders. Ask students what you mean by "when done consistently and correctly." Affirm or correct their statements until you feel satisfied that they understand that abstinence only works when people use it every time. This means a penis not going inside another person's vagina. Tell them that most people are not abstinent forever but choosing to delay having sex until you are a bit older can be a very healthy choice." [Place in the "protects right now" category.]

"External condoms (sometimes called male condoms) are worn on a penis. Anyone can buy them at the store (including 8th graders) and they are very effective at preventing pregnancy when used consistently (meaning every time a couple has vaginal sex) and correctly. They also have the added bonus of protecting against most sexually transmitted diseases or STDs." [Place in the "protects right now" category.] There are also places in Broward where you can get free condoms.

Note to the Teacher: You will notice that we use the phrases "external" condom. Explain that, while students may be familiar with the terms "male" condom, you are using these terms to reflect how the methods are used, rather than to assign a gender to them.

"The birth control pill, the patch and the ring all contain hormones that are very effective at preventing pregnancy. The patch and the ring work for a month at a time and then have to be replaced. The patch you replace once a week and the ring you replace once a month. The pill needs to be taken once a day, at the same time every day. A pack of pills lasts one month and then you need to start the next pack. These are called short-acting methods that you can get from a clinic." [Place in the "short-acting- protects for a month" category.]

"Most IUDs, the shot and the implant contain hormones that are very effective at preventing pregnancy for anywhere between a few months (3 months for the shot) and many years (up to 10 for some IUDs). These are called long-acting methods that you can get from a clinic too." [Place in the "long-acting- protects for a few years" category.]

"Withdrawal, often called pulling out, is when a penis is removed from a vagina before sperm are ejaculated to prevent pregnancy and while it is not as effective as some other methods, it is definitely better than not using anything. It is not, however, the same thing as abstinence." [Place in the "protects right now" category.]

"Emergency contraception, often called Plan B, is medicine that is taken after unprotected vaginal sex to prevent pregnancy and the sooner it is taken after vaginal sex, the more effective it is." [Place in the "protects right now" category.]

“Dual use is when people who have vaginal sex want to get the most effective protection possible by using a condom in addition to another method (a condom and the pill, a condom and the IUD). This doubles their protection and helps protect them against both unintended pregnancy and sexually transmitted diseases. But this does not apply to using two condoms at the same time, which should not be done, as that can cause the latex to break.” [Place a dual protection sign in all three categories to show that a wide variety of methods can be used together.]

Note to the Teacher: At the end, your board should look like this.

Protects Right Now	Protects for a Month (Short-Acting Methods)	Protects for a Few Years (Long-Acting Methods)
Abstinence	Pills/Patch/Ring	IUDs/Shot/Implant
External Condoms	Dual Use	Dual Use
Withdrawal		
Emergency Contraception		
Dual Use		

Step 6: Explain that the next activity will help students learn a bit more about the benefits of the various methods and how well they work when they are used correctly and consistently. Explain that the class will be playing a game called “Which One is Not True.” Select seven student volunteers and have them come to the front of the room.

Note to the Teacher: Select students who you think would not be too embarrassed to participate and can handle the activity maturely.

Give each of the seven volunteers one of the seven method cards and have them review the three statements on the back of the card to prepare to read them aloud to the class.

While volunteers are preparing, explain to the rest of the class that each of the seven students will be representing one of the methods of birth control that are on the board. The students will be sharing three statements about the method but only two will be true and one will be a lie. The class needs to decide which statement is the lie and be able to explain why it’s a lie.

Once the seven students are ready, have them reveal which birth control method they are and read aloud the three statements. Ask the class to guess which statement is the lie and explain why it's a lie adding in accurate information as needed and correcting any misinformation that might come up. Continue playing until all seven methods have been shared. Once done, thank the volunteers and have students return to their seats.

Note to the Teacher: You can turn this activity into a competitive game with teams and points if you think your students will respond well and you have the time and set-up that would allow this.

Step 7: Close by returning to the stick figure. Say, "Now knowing more about birth control, what methods do you think would be effective for this person if they were to have vaginal sex right now? What about when they are in high school?" Take some ideas and make sure to reinforce that delaying vaginal sex is the most effective way to prevent pregnancy, and if anyone chooses to have vaginal sex and they are not ready for a possible pregnancy, that using two methods together (dual protection) can be very effective. Assign homework and close the lesson.

Step 8: **QUESTION BOX:** *Give each student several strips of scrap paper.*

Give each student several strips of scrap paper. Ask students to write at least one question or one thing that they learned today and drop it in the anonymous question box. (If everyone is writing, nobody feels like the only one with a question). Tell your students NOT to write their name on the strip of paper, unless they would prefer to talk with the teacher privately about their question. Only one question should be written on each strip of paper, but it is OK for students to use as many strips of paper as they like.

Note to teacher: Answer questions the following day to allow yourself time to review the questions from the box that are related to the content within the approved curriculum. Remind students that you may not be able to answer all questions.

ASSESSMENT: The Two Truths and a Lie activity will accomplish the first and third learning objective while the stick figure timeline discussion will accomplish the second learning objective.

HOMEWORK: Birth Control Basics worksheet

Homework: Birth Control Basics

Name: _____ Date: _____

Instructions: Watch the video, Birth Control Animation | The Contraceptinator available here: <https://www.youtube.com/watch?v=ypbxZQ8wEFY> and answer the following questions.

- 1) Why are Phoebe and Lee visited by the Contraceptinator and their future selves?

- 2) List two pieces of advice that Lee and Phoebe are given and explain why they are given it.

- 3) Now that Lee and Phoebe know how to prevent a pregnancy and STDs, what is your advice to them?

Birth Control Basics

Abstinence

Statement 1) Abstinence, if used consistently and correctly, is 100% effective at preventing pregnancy.

Statement 2) Abstinence can help by delaying the possible consequences of sex.

**Statement 3) Abstinence never fails.
(NOT TRUE – Abstinence can fail if, for example, a person is under the influence of drugs or alcohol and doesn't stay abstinent.)**

External Condoms

Statement 1) Condoms can help make sex last longer.

Statement 2) Condoms provide protection, so using two condoms at once is better.

(NOT TRUE – Using two condoms at once can cause the condoms to slip off or break from the friction. Instead use two different methods – condoms and a hormonal method for added protection.)

Statement 3) Condoms, if used consistently and correctly, are 98% effective at preventing pregnancy.

Pills/Patch /Ring

Statement 1) The pill, patch and ring can help reduce menstrual cramps and make menstrual periods shorter.

Statement 2) The pill, patch and ring, if used consistently and correctly, are each 99% effective at preventing pregnancy.

Statement 3) The pill, patch and ring, if used consistently and correctly, are also really effective at preventing STDs.

(NOT TRUE – The pill, patch and ring ONLY provide protection from pregnancy but do not provide any protection against STDs. So using a condom along with one of these methods will help increase the protection against pregnancy and protect against STDs.)

**IUDs/Shot
/Implant**

Statement 1) You can get the IUD, shot and implant at pharmacies like Target, Walgreens or CVS.

(NOT TRUE – The IUD, shot and implant require a person to go to a health care provider.)

Statement 2) Many people who use the IUD, shot or implant experience much shorter and lighter menstrual periods.

Statement 3) The IUD, shot and implant, if used consistently and correctly, are 99% effective at preventing pregnancy.

Withdrawal

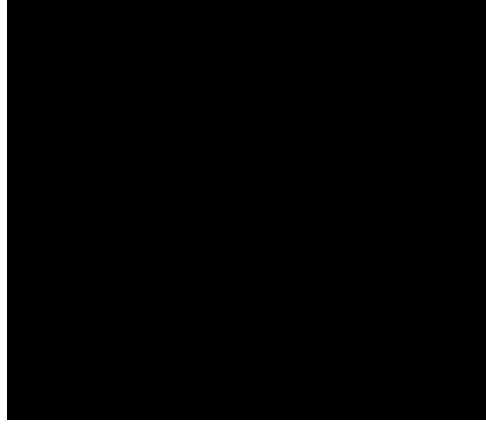
Statement 1) Withdrawal or pulling out, prevents most STDs.

(NOT TRUE – Since withdrawal does not prevent skin-to-skin touching or fluid exchange, if one person is infected with an STD it can still be passed to their partner even if they used withdrawal perfectly.)

Statement 2) Withdrawal is more effective at preventing pregnancy than doing nothing if someone has unprotected sex.

Statement 3) Pre-ejaculatory fluid (or “pre-cum”), which comes out of a penis when it is erect, may contain some sperm. Withdrawal cannot prevent this “pre-cum” from getting inside a vagina.

Emergency Contraception

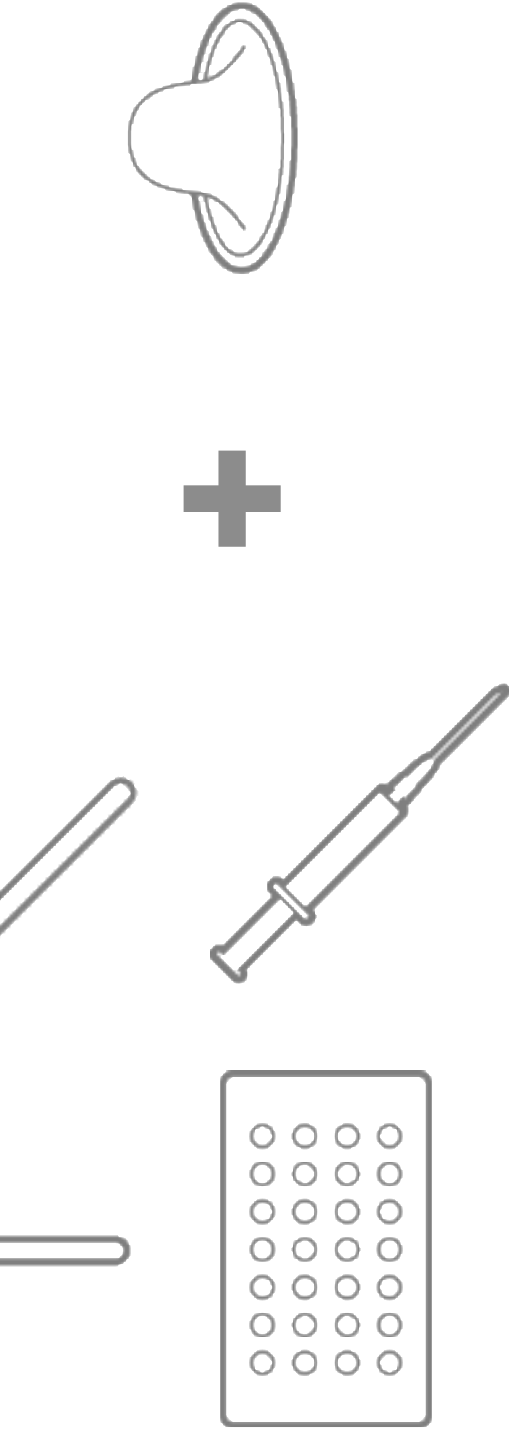


Statement 1) Anyone of any age and gender can buy emergency contraception from a drugstore like Target, CVS, Rite Aid or Walgreens.

Statement 2) The sooner after unprotected vaginal sex a person takes emergency contraception, the more effective it is. It must be taken within five days after unprotected sex.

Statement 3) Emergency contraception works by forming a barrier in the fallopian tube which prevents sperm from passing through.

(NOT TRUE – Emergency contraception works mostly by telling the ovaries to not let any eggs out and sometimes by preventing the egg from being fertilized.)



Dual Use

Statement 1) Dual use generally means using a condom in addition to another method of birth control for STD and pregnancy prevention.

Statement 2) A person would need to get a doctor's permission before they used dual use with their partner.

(NOT TRUE – Dual use is something two people can decide on their own if they want to increase their protection.)

Statement 3) A person of any age is legally allowed to buy condoms at a drugstore like Target, CVS, Rite Aid or Walgreens.

Protects for a Few Years (Long-Acting Methods)

Protects for a Month (Short-Acting Methods)

**Protects
Right Now**

Using Condoms Effectively

ADVANCED PREPARATION:

- Print out enough copies of the handout, “Condom Steps” for every three students to have a full set. Cut out the individual steps and place an entire set into an envelope (for example, if you have 21 students, you would make 7 sets of the sheets).
- Load the “How to Use Condoms” video from Amaze.org
<https://youtu.be/oaLdNErJ-Fk?si=70LaoaIS7iGe2znH>

TARGET GRADE: Grade 8, Lesson 8

TIME: 50 minutes

FLORIDA STANDARDS ALIGNMENT:

- **HE.8.PHC.1.3** – Assess the importance of assuming responsibility for personal health behaviors.
- **HE.8.CEH.1.2** – Evaluate community health problems and concerns common to adolescents.
- **HE.8.CEH.3.3** – Categorize healthy and unhealthy alternatives to community health-related issues or problems.

LEARNING OBJECTIVE:

1. Describe correctly, and in order, the steps to using an external condom.
2. Describe how an internal condom is used.

LESSON MATERIALS:

- Strips of scrap paper
- Question box
- Handout: “Condom Steps” for condom order activity prepared as described above – one set per every 3 students
- Envelopes for condom order activity sheets, one per every 3 students
- Whiteboard and markers

LESSON STEPS:

GROUND RULES

Note to teacher: This curriculum works best in classrooms where there’s a mutual feeling of trust, safety, and comfort. Ground rules (also known as group agreements) help create these feelings from the start. Ground rules that work are:

- *appropriate for your student’s age and developmental stage*
- *agreed upon by everyone*
- *well explained so that students are very clear about what’s expected*
- *posted clearly in your classroom*
- *referred to at the beginning and throughout the unit*

Make your ground rules list with your class. The first six 6 in bold may work with your grade level.

Ground rules work better when students are involved in creating the list. The list doesn't have to be long. You can use 5 or 10 bullet points that are broad enough to cover the key messages you want students to remember. Some examples you can use as a guide are:

- ***no put-downs***
- ***respect each other***
- ***questions are welcome using the question box***
- ***listen when others are speaking***
- ***speak for yourself***
- ***respect personal boundaries***
- *no personal questions*
- *it's okay to pass*
- *use scientific terms for body parts and activities*
- *use inclusive language*
- *classroom discussions are confidential*
- *we will be sensitive to diversity, and be careful about making careless remarks*
- *it's okay to have fun*

Step 1: Review Ground Rules with students. Answer question(s) from the previous lesson.

Note to teacher: Please answer questions from the question box that are related to the content within the approved curriculum. Remind students that you may not be able to answer all questions.

Step 2: Tell the students that you are going to focus today on condoms, which are the only methods that provide protection against both pregnancy and STIs, so it's a healthy choice to use condoms in addition to another method for double protection. Say, "You are going to hear me use very specific language when we talk about condoms. People tend to use the word 'condom' to mean a latex condom that goes on a penis. But as you will see in a moment, there are different kinds of condoms that can be used in different ways on different people's bodies, regardless of their gender. For this reason, when we talk about a condom that goes on a penis, we will call it an 'external' condom. When we talk about a 'female' condom or pouch, we'll call it an 'internal' condom."

Step 3: Explain that condoms are extremely effective when they are used correctly – that means, every time a couple has oral, anal, or vaginal sex, from the beginning of the act to the end. Break the class into groups of 3. Once they are in their groups, explain that you will be providing each group with an identical set of sheets that list each of the steps to using an external condom correctly. Instruct them to work together and put their sheets in order from the beginning to the end of the sex act. Answer any questions and distribute the sheets, advising the students that they have approximately 5 minutes in which to work together.

Note to the Teacher: While they are working in their small groups, quickly go through the index cards and group them together so that you can be sure your explanation of how to use condoms includes as much of their questions as possible.

Step 4: After students have worked for five minutes, go around the room and ask each group to provide one of the steps in order (so group one would say, “check the expiration date”).

Note to the Teacher: The following represents the correct order in which to use a condom for your reference:

- Check expiration date on condom
- Have erection
- Take condom from wrapper
- Put condom right side up on head of penis
- Pinch the tip
- Roll condom down penis
- Begin intercourse
- Ejaculation
- Withdraw penis from partner, holding condom on at the base
- Remove condom from penis
- Throw condom away in trash

Play the Amaze “How to Use Condoms” video <https://youtu.be/oaLdNErj-Fk?si=70LaolS7iGe2znH>

Next, talk about the common mistakes that can be made, probing for these:

- Not checking the expiration date
- Storing condoms someplace that’s too hot or too cold
- Putting the condom on wrong side up
- Not putting the condom on before the penis goes inside the other person’s body (some people put their penis inside then pull out and only put a condom on before ejaculation)

Step 5: Say, “When people refer to condoms, they usually refer to condoms that go on a penis, like the one you just saw in the video. But there is another kind of condom that is as effective at preventing pregnancy and providing some very good protection against STDs.” This type of condom is commonly referred to as a female condom, or a pouch.

Step 6: Remind students that since condoms are the only method of birth control that protect against STDs, it is a good choice to use them in addition to another method for double protection.

Step 7: **QUESTION BOX:** *Give each student several strips of scrap paper.*

Give each student several strips of scrap paper. Ask students to write at least one question or one thing that they learned today and drop it in the anonymous question box. (If everyone is writing, nobody feels like the only one with a question). Tell your students NOT

to write their name on the strip of paper, unless they would prefer to talk with the teacher privately about their question. Only one question should be written on each strip of paper, but it is OK for students to use as many strips of paper as they like.

Note to teacher: Answer questions the following day to allow yourself time to review the questions from the box that are related to the content within the approved curriculum. Remind students that you may not be able to answer all questions.

ASSESSMENT: The individual small group activity will achieve both learning objectives and enable the teacher to determine whether students understand the steps to using a condom.

Check expiration date on condom	Have erection
Take condom from wrapper	Put condom right side up on head of penis
Roll condom down penis	Begin intercourse
Ejaculation	Withdraw penis from partner, holding condom on at the base
Remove condom from penis	Throw condom away in trash
Pinch the tip of the condom	

STD Basics: Reducing Your Risk

ADVANCED PREPARATION:

Go online to find the closest STD testing and treatment centers to you. If you go to the website, http://yourstdhelp.com/free_clinic_locator.html, you can enter your state, and several of the closest places where STD testing and treatment are available will come up. Note that these will list free and low-cost clinics, which is essential for students at this age; be sure, however, to tell them they can go to their own family doctor or clinician or another clinic they may have heard about from friends.

TARGET GRADE: Grade 8, Lesson 9

TIME: 50 minutes

FLORIDA STANDARDS ALIGNMENT:

- **HE.8.PHC.1.3** – Assess the importance of assuming responsibility for personal health behaviors.
- **HE.8.CEH.1.2** – Evaluate community health problems and concerns common to adolescents.
- **HE.8.CEH.3.3** – Categorize healthy and unhealthy alternatives to community health-related issues or problems.

LEARNING OBJECTIVE:

1. Describe at least two ways in which STDs, including HIV, can be transmitted.
2. Name at least one step they plan to take personally to reduce or eliminate their chances of contracting an STD.
3. Name at least one health center in their area to which they can go for STD testing and treatment that is affordable and confidential.

LESSON MATERIALS:

- Strips of scrap paper
- Question box
- Worksheet: “STDs: What Can I Do?” – one per student
- Laptop or desktop computer with the website, http://yourstdhelp.com/free_clinic_locator.html cued up
- Article: “Taking Charge of My Sexual Health with STD Testing and Communication” – one per student
- LCD projector and screen
- White board and markers (at least 3 different colors of markers)

LESSON STEPS:

GROUND RULES

Note to teacher: This curriculum works best in classrooms where there’s a mutual feeling of trust, safety, and comfort. Ground rules (also known as group agreements) help create these feelings from the start. Ground rules that work are:

- *appropriate for your student’s age and developmental stage*

- *agreed upon by everyone*
- *well explained so that students are very clear about what's expected*
- *posted clearly in your classroom*
- *referred to at the beginning and throughout the unit*

Make your ground rules list with your class. The first six 6 in bold may work with your grade level.

Ground rules work better when students are involved in creating the list. The list doesn't have to be long. You can use 5 or 10 bullet points that are broad enough to cover the key messages you want students to remember. Some examples you can use as a guide are:

- ***no put-downs***
- ***respect each other***
- ***questions are welcome using the question box***
- ***listen when others are speaking***
- ***speak for yourself***
- ***respect personal boundaries***
- *no personal questions*
- *it's okay to pass*
- *use scientific terms for body parts and activities*
- *use inclusive language*
- *classroom discussions are confidential*
- *we will be sensitive to diversity, and be careful about making careless remarks*
- *it's okay to have fun*

Step 1: Review Ground Rules with students. Answer question(s) from the previous lesson.

Note to teacher: Please answer questions from the question box that are related to the content within the approved curriculum. Remind students that you may not be able to answer all questions.

Step 2: Ask, "I'd like you to think about your day this morning, from when you woke up until just now in class. Everyone please take out a piece of paper and write down everything that's happened from 'woke up' to 'being in this class.'"

As students begin to write, watch for those who finish first. As they finish, ask for 3 volunteers to come to the front of the room and write their lists on the board as the remainder of the class finishes their lists. While each list will look different, they may look something like this:

- Woke up
- Took a shower
- Got dressed
- Ate breakfast
- Got to school (probe: How?)
- Took the subway
- Took the school bus
- Took a regular bus

- Walked
- Got dropped off
- Had class (probe: Which classes?)
- Ate lunch (depending on class schedule)

Go through the lists, asking students to indicate where they had to make decisions along the way. Write the word “decision” in between the steps that required a decision with a different-color marker. For example:

“Got dressed - Decision - Decided what to wear”

Probe for more than just surface decisions, such as “had to decide what to pack for lunch” or “had to decide what to eat from the cafeteria.” For example, how did they decide which classes? Did they have any input or were they decided for them? Did they decide how to get to school, or was that decision made for them?

Ask, “How do you make decisions? What factors come into play?” After a few responses, ask, “Did any of these decisions require you to take risk?” (Probe for there being risk in getting in a car or bus; risk crossing the street; risk in how people react to what you choose to wear; risk that you eat something unhealthy and end up getting sick, etc.).

Ask, “When you were making your decisions, did you know there were risks involved? If so, know that there was risk involved, how did you make each of your decisions?” Possible responses may include, “I didn’t really think about it,” or “I’ve done it so many times I know how to do it,” or “I was (or wasn’t) worried about what would happen if I did one thing vs. something else.”

Say, “Now we’re going to take what we just talked about and apply it to one part of sex ed. There are things in our lives we make decisions about every day, some of which carry risks of different levels. Same thing goes for sexual behaviors.”

Write the phrase, “Sexually Transmitted Disease” on the board. Ask the students to remind you what an STD is. Probe for diseases that can be passed from one person to another through sexual contact. Remind students that to get an STD one person has to have one, STDs are not created spontaneously by doing something sexual with another person.

Step 3: Ask, “How many of you are hoping to get an STD at some point in your lives?” Students will hopefully laugh, and none of them will raise their hands (except for a class clown or two). Say, “Of course – no one wants to get an STD – just as no one wants to get the flu or any other kind of infection. The fact of the matter is, though, lots of people will get STDs at some point in their lives. It’s actually really common, especially among young people. So it’s important to know a few key things about them:

While some STDs can be cured, others can stay in your body for life and be treated. Others can be fought off by your body’s immune system and go away on their own. Some can affect whether you can get pregnant or get someone else pregnant, and others can affect sexual

functioning – or even, if left untreated, cause death. So if you’re going to be in a sexual relationship in the future, you want to be sure you do so in ways that keep you healthy and reduce your chances of getting an STD.”

Tell the class that you are going to be giving them individual worksheets and that they’ll have about 8 minutes to complete them. Tell them that the sheets are asking them to think about what they’ve heard about how people can get STDs – and to write down how the students plan to avoid getting them and if you’ve already experienced an STD, what your plan would be for not getting one in the future. Tell the students that they will be asked to share their completed sheets with at least one other person in the class, so they should keep that in mind as they write down their answers. Distribute the sheets.

Step 4: After about 8 minutes, ask students to stop where they are. Divide the group into pairs and ask students to share their plans with each other. Tell them that if they hear something from the other student about how you can get an STD that doesn’t sound quite right to mark it on their partner’s paper with a star so they can come back to it later or ask you about it. Ask the students to tell each other what they think of each person’s plan, and to provide any suggestions they think might help. Tell students they’ll have about 5 minutes in which to do this.

Note to the Teacher: If you know that students have personal experience with STDs – for example, a family member with HIV – you may wish to intentionally pair certain students together to be sensitive. Otherwise, random pairing is fine.

Step 5: Ask the students to stay in their pairs and ask how they think they did on their own plans. Ask what they thought of their partner’s plan, and whether they got any helpful feedback on theirs.

Ask the students to share what they’ve heard about how STDs can be transmitted. Write these on the board, asking students not to repeat something they’ve heard already. If anyone says something that is incorrect, be sure to correct it and write the correct information on the board.

Step 6: Say, “It’s great to think this through and to create a plan for yourselves. But what about the other person with whom you may end up having sex? How would you know whether they had an STD? What can you do to find out?”

Probe for:

- Ask the person (remind students that many STDs have no symptoms so they might not know they have one)
- Ask other people who know the person (which could also make that person mad)
- Go together to a doctor’s office or clinic to get tested for STDs.

Say, “A really important thing to keep in mind is that there is no one test that covers all STDs. So if someone says to you, ‘I’ve been tested already,’ ask that person what they’ve been

tested for. Sometimes, they've been tested for HIV – but there are different tests for the other STDs. A doctor or clinician will ask you some questions to determine which STDs you may or may not be at risk for and then conduct the tests based on that. So it's really important to give honest information and answers to that doctor or clinician."

Project the website, http://yourstdhelp.com/free_clinic_locator.html, so that the class can see it on the screen or white board. Using the dropdown menu on the top left side of the landing page, put in your state and hit "go." Scroll down for the city or town closest to you to show what is in your area. Have student write down the website address for future use and remind them that they can always come back to you in the future to be reminded of the URL.

Step 7: QUESTION BOX: *Give each student several strips of scrap paper.*

Give each student several strips of scrap paper. Ask students to write at least one question or one thing that they learned today and drop it in the anonymous question box. (If everyone is writing, nobody feels like the only one with a question). Tell your students NOT to write their name on the strip of paper, unless they would prefer to talk with the teacher privately about their question. Only one question should be written on each strip of paper, but it is OK for students to use as many strips of paper as they like.

Note to teacher: Answer questions the following day to allow yourself time to review the questions from the box that are related to the content within the approved curriculum.

Remind students that you may not be able to answer all questions.

ASSESSMENT: The individual worksheet, paired discussion and large group process will be directed at achieving the first two learning objectives. In addition, by collecting and going through the individual plans, the teacher will be able to catch any remaining myths/misinformation by correcting them on the sheets and returning each student's plan to them. Posting the website and showing students the link, as well as the search results that come up for local STD testing and treatment centers, will achieve the third learning objective.

STDs: What Can I Do?

Name: _____ Date: _____

Instructions: Please answer the following questions. You will be sharing this with at least one other student in class, so be sure what you write here is something you're comfortable with another person knowing!

1. How can STDs be spread from one person to another? See if you can list up to THREE ways:

- a. _____
- b. _____
- c. _____

2. Explain why the following three strategies can be the most effective way to protect yourself or someone else from getting an STD.

Abstinence

Using condoms or other barriers correctly each time you have sex

Getting tested for STDs (and making sure your partner does too) before you have sex together

3. If you were to find out you had an STD, what could you do to make sure you don't pass it to someone else?

Sexually Transmitted Infections

TEACHER'S NOTE/PREPARATION: This lesson uses the terms sexually transmitted infections (STIs), blood-borne infections (BBIs) and sexually transmitted and blood-borne infections (STBBIs) as needed.

Learning about STIs and BBIs helps students take care of their own bodies, thereby reducing the risk of STIs and BBIs and preventing possible health problems related to having an STI or BBI.

One of the greatest deterrents to the practice of safer sex is the “It won’t happen to me” mindset. However, the risk of infection is very real. Statistics show that rates of chlamydia cases reported in people ages 13-19, as well as gonorrhea and syphilis levels, are also very high in this age group.

STI education has often focused on trying to scare students. Research shows this technique does not work. STIs are often seen as shameful and a “consequence” for sexual activity, especially for teens. This shame prevents many people from accessing testing and treatment and is a major contributor to the high rates of STIs among young people.

A more effective strategy is to encourage everyone who is sexually active to access at least yearly testing, and treatment as needed, as a regular part of routine healthcare. All students should discuss with their parents how they can appropriately access this kind of care.

Guidelines for STI testing include the following times to get tested:

- You have a new sexual partner before you start having sex
- If you have noticed any bumps, discharge, rashes or other symptoms
- If you or your partners are having sex with other people
- If you had sex with someone who has an STI and didn’t use a condom or other prevention methods
- If you had sex without a condom with someone who doesn’t know if they have an STI (because they haven’t gotten tested in a long time)
- If you had sex with a condom and the condom broke

STI has replaced the term STD (sexually transmitted disease). In medical science, infection is the term used to indicate that a bacteria, virus, parasite or other microbe has entered the body and begun to multiply. The term disease indicates that signs and symptoms of illness are present. There are many people with STIs who have no symptoms, therefore, STI is a more accurate term.

TARGET GRADE: 8th Grade, Lesson 10

TIME: 45 Minutes

FLORIDA STANDARDS ALIGNMENT:

- **HE.8.PHC.1.2** -Identify major chronic diseases that impact human body systems.
- **HE.8.PHC.1.3** - Assess the importance of assuming responsibility for personal health behaviors.

- **HE.8.PHC.1.4-** Assess personal health practices.
- **HE.8.PHC.2.2** - Analyze the influence of personal values, attitudes, and beliefs about individual health practices and behaviors.
- **HE.8.PHC.2.4** - Assess the role of the beliefs of friends and peers on the health of adolescents.
- **HE.8.CH.1.1** - Analyze how appropriate health care can influence personal health.

LEARNING OBJECTIVE:

1. Describe symptoms, effects, treatments, and prevention for common sexually transmitted diseases; i.e., chlamydia, HPV, herpes, gonorrhea, hepatitis B/C, HIV

LESSON MATERIALS:

- HANDOUT and ANSWER KEY: STI Chart
- Handout STI Health Information Sheets
- Strips of Scrap Paper
- Question box

LESSON STEPS:

GROUND RULES

Note to teacher: This curriculum works best in classrooms where there's a mutual feeling of trust, safety, and comfort. Ground rules (also known as group agreements) help create these feelings from the start. Ground rules that work are:

- *appropriate for your student's age and developmental stage*
- *agreed upon by everyone*
- *well explained so that students are very clear about what's expected*
- *posted clearly in your classroom*
- *referred to at the beginning and throughout the unit*

Make your ground rules list with your class. The first six 6 in bold may work with your grade level.

Ground rules work better when students are involved in creating the list. The list doesn't have to be long. You can use 5 or 10 bullet points that are broad enough to cover the key messages you want students to remember. Some examples you can use as a guide are:

- ***no put-downs***
- ***respect each other***
- ***questions are welcome using the question box***
- ***listen when others are speaking***
- ***speak for yourself***
- ***respect personal boundaries***
- ***no personal questions***

- *it's okay to pass*
- *use scientific terms for body parts and activities*
- *use inclusive language*
- *classroom discussions are confidential*
- *we will be sensitive to diversity, and be careful about making careless remarks*
- *it's okay to have fun*

Step 1: Review Ground Rules with students. Answer question(s) from the previous lesson.

Note to teacher: Please answer questions from the question box that are related to the content within the approved curriculum. Remind students that you may not be able to answer all questions.

Step 2: **Defining STIs and BBIs**

Note to teacher: These discussion questions help students define STBBIs and provide a rationale for learning about them through class discussion.

With the class, discuss answers to the following questions. Discussion notes are provided.

What is an STI?

- STIs are infections spread primarily by close sexual contact and sexual intercourse. Sexual contact means any intimate skin-to-skin contact of the genital area. This includes touching or oral, vaginal, or anal sexual activity with partners of any gender.

What are some STIs you have heard of?

- List student suggestions on the board.
- Show the [STI Tool](#) and compare the student suggestions to the eight common infections shown on the tool.

What are BBIs?

- Blood-borne infections are passed from one person to another through an exchange of blood and other body fluids.
- Examples include HIV, hepatitis B, and hepatitis C

STIs can be viral, bacterial, or parasitic. What do those words mean?

- **Viral:** If a virus causes an infection, it is possible for the person to remain 'asymptomatic' for periods of time (meaning there are no symptoms). It is possible to have the virus and not know it. Passing the virus to another person without either person knowing it is possible. Viral STIs can be treated but are more difficult to cure. Some viral STIs are not curable at this time.
 - Viral STIs include human papillomavirus (HPV or genital warts) and genital herpes.
 - HIV, hepatitis B, and hepatitis C are viral blood-borne infections.
- **Bacterial:** If bacteria cause an infection, it can be treated and cured with antibiotic medication. STIs that are bacterial include gonorrhea, chlamydia, and syphilis.

- **Parasitic:** If a parasite causes an infection, it can be treated and cured with medication. Parasitic STIs include pubic lice (crabs), scabies and trichomoniasis

Why is it important to learn about STIs and BBIs?

- It helps a person be able to take care of their own body.
- It helps a person to discuss STIs with a partner.
- Some STIs and BBIs can be prevented through immunization (HPV, Hep B) or medication (PrEP for HIV)
- Regular testing and treatment can eliminate or minimize the health problems caused by an STI/BBI.
- Untreated STIs or BBIs can cause problems for a person's health and future ability to have children.
- BBIs and some untreated STIs can be passed to unborn children or babies during pregnancy or childbirth, although with testing and treatment, this can be prevented.

When you hear the words STI or STBBI, what do you think?

- Encourage students to share feelings and reactions.
- Common student responses may be that these words are “disgusting,” or that it makes them think about death. Other responses may include embarrassment or shame. If students express ideas of shame or stigma, it can help to talk about what causes these feelings. Stigma and shame are rooted in fear, and often provide a false sense of protection, that only ‘other’ people get STIs. In reality, anyone having sex can get an STI, and there is nothing to be ashamed of. They can be tested for and treated. Talking about STIs is part of good healthy sexual relationships and consent.

How do HIV and hepatitis B and C differ from other STIs?

- HIV and hepatitis B and C are blood-borne infections.
- HIV and hepatitis B can also be transmitted by exchanging body fluids such as semen and vaginal secretions. HIV can also be transmitted through breast milk.
- BBIs can be transmitted through sex, sharing drugs, tattooing or piercing equipment that has traces of infected blood, or to a baby during pregnancy or birth. Hepatitis B and C can also be transmitted by sharing razors, nail clippers, or toothbrushes with someone who has hep B or C.
- Individuals cannot become infected with BBIs through ordinary day-to-day contact such as kissing, hugging, shaking hands or sharing food or water.

- Transmitting hepatitis C through sex is rare, however, it can occur if infected blood is present (such as during menstruation). The presence of HIV also increases the risk of transmitting hepatitis C through sex.
- There is a lot of fear and misinformation about BBIs, especially HIV. This is because when it was first discovered, many people were dying of AIDS. However, now, there is really good treatment for HIV, and people can live long healthy lives. There is also great preventative medication, called PrEP.
- There is also excellent treatment for Hep C now, and it's possible to "clear" the virus and cure it. Most people are immunized against hepatitis B. Both of these viruses are now fairly uncommon.

If you want to find out about STIs, what sources can provide accurate information?

- Family doctors, clinics (e.g., Sexual and Reproductive Health Clinic or STI Clinic) or community health centers
- Teachers, counselors, or school nurse
- Fact sheets from a reliable source (Health Services/Agency)
Teacher note: Remind students to always speak to their parent/caregiver/guardian if they think they may have an STI, BBI or need to be tested.

Step 3: Studying STIs

Students describe symptoms, effects, testing, treatment, and prevention for common STIs.

Teacher Note: Before the lesson, print several copies of STI Health Information Sheet for these infections:

- Chlamydia
 - Genital herpes
 - Gonorrhea
 - Syphilis
 - HIV
 - HPV
- Give each student their own copy of the **STI/BBI Chart** handout.
 - Divide the class into small groups. Assign each group a specific infection by giving each group a different **Health Information Sheet**.
 - Ask each group to complete the appropriate section in the STI Chart using the information on the **STI Health Information Sheet**. You may wish to provide expectations such as "Fill in 1-2 bullet points in every box" as the Health Information Sheets contain a great deal of information.
 - Have groups share their findings with other groups, while students fill in all

sections of the chart. You can ask groups to present their findings to the entire class or use a [jigsaw](#) approach.

- **Teacher Note:** Use the **STI Chart Answer Key** to ensure students have the correct information in their charts. The answer key is very detailed, with more information than most students will have filled in, to give you a more complete background for each infection. You do not need to expect students to provide this level of detail.

Step 4: Debrief this activity using the following questions:

What are some symptoms of STIs?

- Point out that many people with STIs have no symptoms.

How would you know if you had an STI?

- If you have no symptoms, regular testing is the only way to know.
- If you have symptoms, a test will confirm which STI you have.

What does a person with an STI look like?

- Stress that anyone can get an STI. You can't tell if someone has an STI by looking at them.

Prevention is key. What are the best ways to prevent STIs?

- Abstinence
- Using [condoms](#) (internal or external) and [dental dams](#) correctly
- Using condoms/dental dams every time there is sexual touching, vaginal, oral or anal sex or use of sex toys
- Limiting the number of sexual partners
- Having open and honest communication with every partner about STI history and testing
- Not having sex if there are any symptoms present (e.g., sores, unusual discharge)
- Regular STI testing (annually or as recommended by a doctor)
- Vaccination for HPV and hepatitis B
- Using Pre-Exposure Prophylaxis (PrEP) to help prevent HIV in people who have a very high risk of getting the virus

What ethical responsibilities does a person have to their sexual partner(s) regarding STIs?

- Open and honest communication about their STI history and test results
- Not having sex /sexual activity if there are any symptoms present or you think you are infected
- Discussing with partners the ways of reducing the risk, such as using condoms and dental dams every time there is sexual touching, vaginal, oral or anal sex or use of sex toys
- Sharing a known exposure to STIs before sexual activity is part of getting consent for sexual activity. A person cannot consent to sexual activity with someone if they do not know about that person's STI.

Step 5: **QUESTION BOX:** *Give each student several strips of scrap paper.*

Give each student several strips of scrap paper. Ask students to write at least one question or one thing that they learned today and drop it in the anonymous question box. (If everyone is writing, nobody feels like the only one with a question). Tell your students NOT to write their name on the strip of paper, unless they would prefer to talk with the teacher privately about their question. Only one question should be written on each strip of paper, but it is OK for students to use as many strips of paper as they like.

Note to teacher: Answer questions the following day to allow yourself time to review the questions from the box that are related to the content within the approved curriculum. Remind students that you may not be able to answer all questions.

ASSESSMENT: STI QUIZ

STI Quiz

1. STI stands for:
 - Small Talk International
 - Sexually Transmitted Disease
 - Subaru Testing Internal
 - Sexually Transmitted Infection
2. Many people who have an STI have no symptoms.
 - True
 - False
3. Ways to reduce the chance of getting an STI include:
 - Using condoms/dental dams
 - Abstinence
 - HIV PrEP
 - HPV immunization
4. Herpes cannot be cured, but there are good treatments for the symptoms.
 - True
 - False
5. STI testing is very painful.
 - True
 - False
6. Sexually active people should get tested for STIs regularly.
 - True
 - False
7. If you have an STI and don't tell your partner, that is fair. It is only your business.
 - True
 - False
8. STIs among teenagers are really pretty rare.
 - True
 - False
 - Unsure
 - Nobody Knows
9. In Broward, parents need to be notified if their child is treated for an STI.
 - True
 - False
 - Unsure
 - Nobody Knows

ANSWER KEY: STI Quiz

Correct answers are in bold text.

1. STI stands for:
 - Small Talk International
 - Sexually Transmitted Disease
 - Subaru Testing Internal
 - **Sexually Transmitted Infection**

STI has replaced the older term Sexually Transmitted Disease (STD). In medical science, infection is the term used to indicate a bacteria, virus, parasite or other microbe has entered the body and begun to multiply. The term disease indicates that signs and symptoms of illness are present. As many people with STIs have no symptoms, STI is a more accurate term.

2. Many people who have an STI have no symptoms.
 - **True**
 - False

Some people have symptoms, but many don't. That is why regular testing is important for people who are sexually active.

3. Ways to reduce the chance of getting an STI include:
 - **Using condoms/dental dams**
 - **Abstinence**
 - **HIV PrEP**
 - **HPV immunization**

All of these are effective strategies for reducing transmission and preventing STIs.

4. Herpes cannot be cured, but there are good treatments for the symptoms.
 - **True**
 - False

Currently, there is no medical cure for herpes. Treatment is available for the symptoms and to reduce the likelihood of passing the virus on to others.

5. STI testing is very painful.
 - True
 - **False**

STI tests often involve a urine sample (pee in a cup), a throat swab (like a Covid test) or a blood test. They are quick and usually painless. Some tests can be taken home to do in private.

6. Sexually active people should get tested for STIs regularly.

- **True**
- False

Yearly testing is recommended for all sexually active people, and more often for some people. See the background information section for detailed recommendations on when a person should go for STI testing.

7. If you have an STI and don't tell your partner, that is fair. It is only your business.

- True
- **False**

We each have the responsibility to be honest with our partners. If you know or suspect you have an STI, it's important to tell your partner. People cannot fully consent to sex if they don't know their partner has an STI.

8. STIs among teenagers are really pretty rare.

- True
- **False**
- Unsure
- Nobody Knows

Thousands of teenagers have STIs. It doesn't matter what age you are; STIs can infect a person of any age.

9. In Broward, parents need to be notified if their child is treated for an STI.

- True
- **False**
- Unsure
- Nobody Knows

At the Sexual and Reproductive Health Clinics and STI Clinics, parents are NOT notified if their child is being treated for an STI as long as there are no concerns for the child's safety. However, it is always best to talk with your parents, even about a difficult subject such as an STI.

STI Chart

Transmission and Symptoms

Using the information provided on the health information sheets, fill in the chart below.

Infection	Bacteria or Virus?	Transmission	Symptoms/Effects
Chlamydia			
Gonorrhea			

Infection	Bacteria or Virus?	Transmission	Symptoms/Effects
HPV			
Genital Herpes			
HIV			

Infection	Bacteria or Virus?	Transmission	Symptoms/Effects
Syphilis			

STI Chart

Prevention, Testing and Treatment

Infection	Prevention	Testing	Treatment
Chlamydia			
Gonorrhea			

Infection	Prevention	Testing	Treatment
HPV			
Genital Herpes			
HIV			

Infection	Bacteria or Virus?	Transmission	Symptoms/Effects
Syphilis			

STI CHART TEACHER ANSWER KEY

Infection	Bacteria or Virus?	Transmission	Symptoms/Effects
The majority of STIs are asymptomatic. There are often no symptoms!			
Chlamydia	Bacteria	Vaginal, anal, or oral sex with a person who has Chlamydia without using a condom and/or a dental dam	- Pain or burning when peeing - Discharge, bleeding or itching from the bum - Redness and/or discharge from one or both eyes - Watery or milky discharge from penis - Unusual discharge from the vagina - Pain or swelling of the testicles - Irritation or itching inside the penis - Vaginal bleeding/spotting between periods - Vaginal bleeding or pain during or after sex - Lower abdominal pain - If untreated, could lead to pelvic inflammatory disease, pain and swelling of the testicles, urinary tract problems, tubal pregnancy, fertility issues and/or arthritis
Gonorrhea	Bacteria	Vaginal, oral or anal sex with a person who has gonorrhea without using a condom and/or a dental dam.	- Pain or burning when peeing - Swelling, itching, or pain in the genital area - Discharge, bleeding, or itching from the bum - Redness and/or discharge from one or both eyes - Unusual vaginal discharge - Irregular vaginal bleeding (often after sex) - Pain in the lower abdomen or pain during sex - Green or yellow discharge from the penis - Irritation or itching inside the penis - Painful or swollen testicles - If left untreated, could lead to pain and swelling of the testicles, urinary tract problems, pelvic inflammatory disease, tubal pregnancy, and/or fertility issues

HPV	Virus	Through intimate skin-to-skin contact with a person who has HPV	• Some strains of HPV cause genital warts; some strains cause cancer in the mouth, throat, anus, penis or cervix • Many people with HPV do not have symptoms • Some people get warts • Warts can show as tiny bumps or in clustered growths on the skin (may look like small cauliflower-like bumps) • Warts can be found in and around the genital area, including in the vagina • Warts may feel itchy or irritated
Genital Herpes	Virus	• Herpes simplex virus is spread through intimate skin-to-skin contact and oral, vaginal or anal sex • It can be transmitted by people who have oral or genital herpes but don't have sores at the time of contact • Cold sores are a form of the herpes virus. If a cold sore comes into contact with someone's genitals (oral sex) there is a risk for genital herpes.	• Some people have mild or no symptoms and don't know that they are infected • One or more painful blisters in or around the genitals, or wherever there is skin-to-skin contact (rectum, mouth) • Feeling unwell (e.g., flu-like symptoms such as chills, fever or muscle aches) • Tingling or itching of the skin around the genitals • Burning when urinating • Unusual discharge from vagina or penis • The first outbreak is the most painful. Repeat outbreaks tend to be shorter and less severe than the first outbreak.
HIV	Virus	• Infected semen, vaginal secretions, rectal fluid or breastmilk that gets into the blood stream through: • vaginal, anal, oral sex without a condom and/or dental dam • sharing sex toys • sharing needles used for tattooing, drugs, piercings • Pregnancy – the infection can be passed to a baby through childbirth or breastfeeding	• People with HIV often have no symptoms and look and feel fine. • Some people with HIV will have flu-like symptoms when they first get infected (e.g., fatigue, fever, sore throat, swollen glands loss of appetite, night sweats etc.) • HIV can lead to a condition called AIDS, after the virus has damaged the immune system. With access to treatment, most people living with HIV never develop AIDS.

Syphilis	Bacteria	• By having direct contact with a syphilis sore • Oral, vaginal, anal sex with infected partner • Mother to fetus	• Symptoms are the same for both males and females. However many people have no symptoms • Painless sore(s) (chancres) from pinpoint size to as large as a quarter • Flu-like symptoms, fever, fatigue, pain in the joints and muscles • Painless rash on hands, feet or whole body • Swollen lymph nodes • Hair loss • Untreated may result in headache, dizziness, changes in personality, dementia
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Answer Key

Infection	Prevention	Testing	Treatment
Chlamydia	• Abstinence • Choose not to have oral, vaginal or anal sex • Choose safer sex practices with lower risk • Use condoms and/or dental dams for oral, vaginal, and anal sex. • Limit the number of sexual partners • Regular testing • Discuss STI history and when you were last tested with your partner(s) • Don't have sexual contact if you or your partner(s) have symptoms of an STI or may have been exposed to an STI	• Urine sample or swab of the penis, rectum, vagina or throat	• Antibiotic
Gonorrhea	• Abstinence • Choose not to have oral, vaginal or anal sex • Choose safer sex practices with lower risk • Use condoms and/or dental dams for oral, vaginal, and anal sex. • Limit the number of sexual partners • Regular testing • Discuss STI history and when you were last tested with your partner(s) • Don't have sexual contact if you or your partner(s) have symptoms of an STI or may have been exposed to an STI	• Urine sample or swab of the penis, rectum, vagina or throat	• Antibiotic

Infection	Prevention	Testing	Treatment
HPV	• Abstinence • Choose not to have oral, vaginal or anal sex • Choose safer sex practices with lower risk • Using condoms can lower risk, but can't completely prevent HPV because they don't cover all the skin around the genitals • Tell your partner(s) if you have genital warts so you can make choices together to lower the risk of passing the virus • Avoid intimate skin-to-skin contact where the warts are until warts are treated • Get immunized! Ask your health care provider about the HPV vaccine	• Visual exam if warts are present • Regular PAP tests (cervical cancer screening)	• Warts can be treated by health care provider with freezing • Can apply prescription liquids or creams to the wart
Genital Herpes	• Abstinence • Choose not to have oral, vaginal or anal sex • Choose safer sex practices with lower risk • Tell your partner(s) if you have herpes or cold sores so you can make choices together to lower the risk of passing the virus. • Use condoms and/or dental dams between outbreaks to lower the risk of passing the virus – the virus can be transmitted even when symptoms aren't present • Avoid sexual contact while sores are present (during an 'outbreak')	• When sores are present, they can be swabbed to test for the herpes virus	• No cure • Medicine may help shorten or prevent outbreaks

Infection	Prevention	Testing	Treatment
HIV	• Abstinence • Choose not to have oral, vaginal or anal sex • Choose safer sex practices with lower risk • Use condoms for vaginal and anal sex • Use a condom or dental dam for oral sex • Use lubrication to help avoid injury to body tissues • Use condoms on sex toys or avoid sharing them. • Don't share needles or equipment for injecting drugs • Be sure that the instruments for tattoos and body piercing have been sterilized • Pre-Exposure Prophylaxis (PrEP) helps prevent HIV in people who have a very high risk of getting the virus	• Blood test – the most accurate results will be 3 months after a potential exposure	• Anti-retroviral drugs cannot cure HIV but can help people with HIV live long, healthy lives. Treatment also makes it so that people with HIV who are on treatment are less likely to pass the virus to others.
Syphilis	• Abstinence • Abstain from sexual activity until treatment is completed. • Choose not to have oral, vaginal or anal sex • Choose safer sex practices with lower risk • Use condoms and/or dental dams for oral, vaginal, and anal sex. • Limit the number of sexual partners • Regular testing • Discuss STI history and when you were last tested with your partner(s) • Don't have sexual contact if you or your partner(s) have symptoms of an STI or may have been exposed to an STI	• Blood test	• Antibiotic

Chlamydia

Chlamydia is a sexually transmitted infection (STI) caused by a bacteria (*Chlamydia trachomatis*).

How do I get chlamydia?

Chlamydia is passed between people through unprotected sexual contact (oral, vaginal, or anal sex without a condom or other barrier method). You can infect others right after you come in contact with chlamydia. You can spread it to others without knowing it.

How can I prevent chlamydia?

When you're sexually active, the best way to prevent chlamydia is to use condoms or other barrier method, for oral, vaginal, and anal sex.

Don't have any sexual contact if you or your partner(s) have symptoms of an STI or may have been exposed to an STI. See a doctor or go to an STI clinic for testing.

Get STI testing every 3 to 6 months if you have:

- a new partner
- more than one partner
- anonymous partners
- any symptoms

How do I know I have chlamydia?

Most people with chlamydia don't have symptoms. The infection can be in the rectum, penis, cervix, throat, and the eye. If you have chlamydia, you may have:

- pain or burning when you urinate (pee)
- discharge, bleeding, or itching from the rectum
- redness or discharge from one or both eyes
- unusual vaginal discharge
- irregular bleeding (often after sex)
- pain in the abdomen, low back, or during sex
- watery or milky discharge from the penis
- irritation or itching inside the penis
- painful or swollen testicles

The best way to find out if you have chlamydia is to get tested. Your nurse or doctor can test you by taking a swab or doing a urine test.

Is chlamydia harmful?

If not treated, chlamydia can cause serious long-term effects including infertility and arthritis. Other effects include:

- pelvic inflammatory disease (PID)
- a higher risk of having a tubal pregnancy.
- pain/swelling in the testicles (epididymo-orchitis)
- urinary tract problems

These effects can be prevented if you get **early STI testing and treatment**.

What if I'm pregnant?

If not treated, chlamydia can cause early delivery or rupture of membranes. If you aren't treated and you have a vaginal delivery, chlamydia can cause serious eye and lung infections for the baby. Get tested and treated before delivery to prevent these problems.

How is chlamydia treated?

Chlamydia is treated with antibiotics. Your partner(s) also needs to be tested and treated, even if there are no symptoms.

You can get re-infected if you have unprotected sex with someone before they are treated.

When can I have sex again?

It will take 1 week for the antibiotic to get rid of the infection. Don't have unprotected sex (oral, vaginal, or anal sex without a condom or other barrier method) for **7 days** after you and your partner(s) have been treated. The best protection is not to have sex (oral, vaginal, or anal) for at least 7 days.

If you still have symptoms, don't have any sexual contact.

What if I still have symptoms following treatment?

Please contact your healthcare provider.

Where can I find more information?

If you have questions, need to find a clinic near you, or want more information, call 211 anytime, day or night, to talk to someone who can provide you with additional information.

Genital herpes

Genital herpes is a sexually transmitted infection caused by 2 types of viruses. The viruses are called herpes simplex type 1 (HSV 1) and herpes simplex type 2 (HSV 2).

Both viruses cause sores on the lips (cold sores) and sores on the genitals. HSV 1 causes cold sores on the mouth more often, but it's common for both types of the virus to cause genital sores.

How do I get genital herpes?

HSV is spread through intimate skin-to-skin contact and oral, vaginal, or anal sex. It can be spread by people who have oral or genital herpes but don't have sores at the time of contact.

How do I know I have genital herpes?

Symptoms of genital herpes can range from mild to severe, they can include:

- small blister-like sores can develop in the genital area
- feeling very unwell
- burning in the vaginal area
- a change in vaginal discharge
- burning when you pee
- clear discharge from your penis

The first outbreak is often the most painful. Sores may take weeks to heal. Future outbreaks are often milder. Some people may have mild or no symptoms and not even know they have genital herpes.

You need to see a doctor or nurse to diagnose genital herpes. If you have sores, a swab will be taken and sent to the lab for testing.

What if I'm pregnant?

If you're pregnant (or planning a pregnancy), talk to your doctor if you or your partner has herpes. Most people can still have vaginal deliveries. But, if you have an outbreak at the time of delivery, you may need a C-section.

How is genital herpes treated?

There is no cure for genital herpes. It can be treated with prescribed medicine to help decrease symptoms and shorten outbreaks.

What can I do during an outbreak?

Keep the area clean and dry. Use a clean towel and lightly dab the area dry after bathing. If it hurts to pee, pour water over the genitals while peeing. It also helps to pee in the shower or tub. Don't put creams or lotions on the sores as it can cause them to spread and get irritated.

How can I prevent spreading genital herpes to others?

Tell your partner(s) that you have genital herpes so you can make choices to lower the risk of spreading the virus. Don't have sexual contact (oral, vaginal, or anal) while you have sores or if you have any symptoms that may appear before sores, like tingling, itching, and pain.

Use condoms and dental dams between outbreaks to lower the risk of spreading the virus. Condoms don't cover all of the skin that may be exposed to genital herpes during sexual contact.

The virus can be spread even if you don't have symptoms. This is called **asymptomatic viral shedding**.

Daily medicine can be prescribed by a doctor if you have frequent outbreaks. Taking daily medicine and using condoms and dental dams may help lower the chances of spreading genital herpes to an uninfected partner.

Where can I find more information?

If you have questions, need to find a clinic near you, or want more information, call 211 anytime, day or night, to talk to someone who can provide you with additional information.

Gonorrhea

Gonorrhea is a sexually transmitted infection (STI) caused by a bacteria (*Neisseria gonorrhoeae*).

How do I get gonorrhea?

Gonorrhea is passed between people through unprotected sexual contact (oral, vaginal, or anal sex without a condom or other barrier method). You can infect others right after you come in contact with gonorrhea. You can spread it to others without knowing it.

How do I prevent gonorrhea?

When you're sexually active, the best way to prevent gonorrhea is to use condoms or other barrier method for oral, vaginal, and anal sex.

Don't have any sexual contact if you or your partner(s) have symptoms of an STI or may have been exposed to an STI. See a doctor or go to an STI clinic for testing.

Get STI testing every 3 to 6 months if you have:

- a new partner
- more than one partner
- anonymous partners
- any symptoms

How do I know if I have gonorrhea?

Up to 4 in 10 people with gonorrhea don't have symptoms. The infection can be in the rectum, penis, cervix, throat, and the eye. If you have gonorrhea, you may have:

- pain or burning when you urinate (pee)
- unusual vaginal discharge
- green or yellow discharge from the penis
- irritation or itching inside the penis

Other symptoms include:

- irregular bleeding (often after sex)
- pain in the abdomen or pain during sex
- painful or swollen testicles
- discharge, bleeding, or itching from the rectum
- redness or discharge from one or both eyes
- swelling, itching, or pain in the genital area

The best way to find out if you have gonorrhea is to get tested. Your nurse or doctor can test you by taking a swab or doing a urine test.

Is gonorrhea harmful?

If not treated, gonorrhea can cause **serious** long-term effects including infertility and arthritis.

Other effects include:

- [pelvic inflammatory disease \(PID\)](#)
- a higher risk of having a tubal pregnancy
- pain/swelling in the testicles ([epididymo-orchitis](#))
- urinary tract problems

These effects can be prevented if you get **early STI testing and treatment**.

What if I'm pregnant?

If not treated, gonorrhea can cause early delivery or rupture of membranes. If you are pregnant, aren't treated, and have a vaginal delivery, gonorrhea can cause serious eye, blood, and joint infections for the baby. Get tested and treated **before** delivery to prevent problems.

How is gonorrhea treated?

Gonorrhea is treated with antibiotics. Your partner(s) needs to be tested and treated, even if there are no symptoms. You can get re-infected if you have unprotected sex with someone before they are treated.

When can I have sex again?

It will take 1 week for the antibiotic to get rid of the infection. Don't have unprotected sex (oral, vaginal, or anal sex without a condom or other barrier method) for **7 days** after you and your partner(s) have been treated. The best protection is **not** to have sex (oral, vaginal, or anal) for at least 7 days.

If you still have symptoms, don't have any sexual contact.

What if I still have symptoms following treatment?

Please contact your healthcare provider.

Where can I find more information?

If you have questions, need to find a clinic near you, or want more information, call 211 anytime, day or night, to talk to someone who can provide you with additional information.

What is HIV? What is AIDS?

HIV (human immunodeficiency virus) is a virus that attacks the [immune system](#), the body's natural defence system. Without a strong immune system, the body has trouble fighting off disease. Both the virus and the infection it causes are called HIV.

[White blood cells](#) are an important part of the immune system. HIV infects and destroys certain white blood cells called CD4+ cells. If too many CD4+ cells are destroyed, the body can no longer defend itself against infection.

The last stage of HIV infection is [AIDS](#) (acquired immunodeficiency syndrome). People with AIDS have a low number of CD4+ cells and get infections or cancers that rarely occur in healthy people. These can be deadly.

But having HIV doesn't mean you have AIDS. Even without treatment, it takes a long time for HIV to progress to AIDS—usually 10 to 12 years.

When HIV is diagnosed before it becomes AIDS, medicines can slow or stop the damage to the immune system. If AIDS does develop, medicines can often help the immune system return to a healthier state.

With treatment, many people with HIV are able to live long and active lives.

There are two types of HIV:

- HIV-1, which causes almost all the cases of AIDS worldwide

What causes HIV?

HIV infection is caused by the human immunodeficiency virus. You can get HIV from contact with infected blood, semen, or vaginal fluids.

- Most people get the virus by having unprotected sex with someone who has HIV.
- Another common way of getting it is by sharing drug needles with someone who is infected with HIV.
- The virus can also be passed from a mother to her baby during pregnancy, birth, or breastfeeding.

HIV doesn't survive well outside the body. So it can't be spread by casual contact like kissing or sharing drinking glasses with an infected person.

What are the symptoms?

HIV may not cause symptoms early on. People who do have symptoms may mistake them for the flu or [mono](#). Common early symptoms include:

- Fever.
- Sore throat.
- Headache.
- Muscle aches and joint pain.

- Swollen glands (swollen [lymph nodes](#)).
- Skin rash.

Symptoms may appear from a few days to several weeks after a person is first infected. The early symptoms usually go away within 2 to 3 weeks.

After the early symptoms go away, an infected person may not have symptoms again for many years. After a certain point, symptoms reappear and then remain. These symptoms usually include:

- Swollen lymph nodes.
- Extreme tiredness.
- Weight loss.
- Fever.
- Night sweats.

How is HIV diagnosed?

A doctor may suspect HIV if symptoms last and no other cause can be found.

If you have been exposed to HIV, your immune system will make [antibodies](#) to try to destroy the virus. Doctors use tests to find these HIV antibodies or [antigens](#) in urine, saliva, or blood.

If a test on urine or saliva shows that you are infected with HIV, you will probably have a blood test to confirm the results.

Most doctors use a blood test to diagnose HIV infection. If the test is positive (meaning that HIV antibodies or antigens are found), a test to detect HIV DNA or RNA will be done to be sure.

HIV antibodies or antigens usually show up in the blood within 3 months. If you think you have been exposed to HIV but you test negative for it:

- Get tested again. A repeat test can be done after a few weeks to be sure you are not infected.
- Meanwhile, take steps to prevent the spread of the virus, in case you do have it.

You can get HIV testing in most doctors' offices, public health units, hospitals, and HIV care clinics.

How is it treated?

The standard treatment for HIV is a combination of medicines called antiretroviral therapy, or ART. Antiretroviral medicines slow the rate at which the virus multiplies.

Taking these medicines can reduce the amount of virus in your body and help you stay healthy.

To monitor the HIV infection and its effect on your immune system, a doctor will regularly do two tests:

- **Viral load**, which shows the amount of virus in your blood
- **CD4+ cell count**, which shows how well your immune system is working

After you start treatment, it's important to take your medicines exactly as directed by your doctor. When treatment doesn't work, it is often because HIV has become [resistant](#) to the medicine. This can happen if you don't take your medicines correctly.

How can you prevent HIV?

HIV is often spread by people who don't know they have it. So it's always important to protect yourself and others by taking these steps:

- **Practice safer sex.** Use a condom every time you have sex (including oral sex) until you are sure that you and your partner aren't infected with HIV or other sexually transmitted infection (STI).
- **Don't have more than one sex partner** at a time. The safest sex is with one partner who has sex only with you.
- **Talk to your partner** before you have sex the first time. Find out if he or she is at risk for HIV. Get tested together. Use condoms in the meantime.
- **Don't drink a lot of alcohol or use illegal drugs before sex.** You might let down your guard and not practice safer sex.
- **Don't share personal items**, such as toothbrushes or razors.
- **Never share needles or syringes** with anyone.

If you are at high risk for getting infected with HIV, you can take antiretroviral medicine to help protect yourself from HIV infection. Experts may recommend this for:

- People whose sexual practices put them at high risk for HIV infection, such as men who have sex with men and people who have many sex partners.
- People who inject illegal drugs, especially if they share needles.
- Adults who have a sex partner with HIV.

To keep your risk low, you still need to practice safer sex even while you are taking the medicine.

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Human papillomavirus (HPV)

HPV is the most common sexually transmitted infection (STI) in the world. You will likely get some type of HPV in your life and not have any symptoms.

Some strains of HPV can cause genital warts and cancer. There are over 100 different types of HPV. About 40 types can be spread through sexual contact. Most types of HPV are harmless, cause no symptoms, and go away without treatment.

How do I get HPV?

If you have any type of sexual contact (oral, vaginal, or anal), you're at risk for HPV. It can be spread through intimate skin-to-skin contact with a person who has HPV. HPV can be spread even if there are no symptoms or you can't see any warts.

How do I know I have HPV?

Many people with HPV don't have symptoms. Genital warts may be the only sign that someone has HPV. Genital or anal warts may look like tiny bumps or clustered growths on the skin (often a cauliflower-like texture). Most HPV infections go away on their own within 2 to 3 years.

There is no routine test for HPV. You need to see a doctor or nurse to be diagnosed with genital warts.

Is HPV harmful?

Some types of HPV are linked to cervical cancer, other genital cancers, and cancer of the penis, anus, mouth, and throat. Some types of HPV cause genital warts, but most warts aren't harmful.

How are genital warts treated?

Genital warts can be treated by some doctors and in STI clinics with freezing (liquid nitrogen). You may need more than 1 treatment.

Other treatments include prescription creams or liquids that you or your doctor put on. Talk to a nurse or doctor to see which treatment is right for you.

Don't:

- scratch or shave the affected area as it can cause the virus to spread
- use over-the-counter wart treatments for genital warts

How can I prevent spreading HPV?

Tell your partner(s) that you have genital warts so you can make choices to lower the risk of spreading the virus.

Using a condom is good protection against STIs. But condoms don't cover all the skin around the genitals. This means you aren't completely protected from HPV even if you use a condom.

Should I get regular Pap tests?

There is a link between HPV and cervical cancer, so regular cervical cancer screening (Pap tests) are important. A Pap test is when a doctor checks your cervix and takes a tissue sample. If there are abnormal cells on the cervix, this may lead to cervical cancer. Regular follow-up is needed.

Is there an HPV Vaccine?

You can get vaccinated to protect yourself from certain types of HPV. Talk to your parent and nurse or doctor if you're interested.

What if I still have symptoms following treatment?

Please contact your healthcare provider.

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Syphilis

Syphilis is a sexually transmitted infection (STI) caused by a bacteria (*Treponema pallidum*). The infection progresses in stages.

How do I get syphilis?

Syphilis is passed between people through sexual contact (anal, oral, or vaginal). You can spread it to others without knowing it.

Pregnant people can pass the infection to their unborn baby. Babies can also get infected if they have contact with a lesion or open sore on the birth parent's genitals while they're being born.

How can I prevent syphilis?

The only sure way to prevent a syphilis infection is to have no sexual contact (abstinence), including anal, oral, or vaginal sex.

When you're sexually active, the best way to prevent syphilis is to use condoms, vaginal condoms, or dental dams for anal, oral, or vaginal sex.

Don't have any sexual contact if you or your partner(s) have symptoms of an STI or may have been exposed to an STI. See a healthcare provider or go to an STI clinic for testing.

Get STI testing if you are at risk or have symptoms.

Get STI testing every 3 to 6 months if you have:

- a new partner
- more than one partner
- anonymous partners
- any symptoms

How do I know I have syphilis?

Many people with syphilis have no symptoms, while others may have:

- sores on or near the penis or in and around the vagina, mouth, or rectum
- a rash on the palms of the hands, feet, or the whole body

The sores and rash may not be painful.

The best way to find out if you have syphilis is to get tested. Your nurse or doctor will do a blood test and test you for other STIs and HIV.

Is syphilis harmful?

If not treated, syphilis may cause blindness, paralysis, deafness, brain and heart disease, and mental health problems. These effects can be prevented if you get **early STI testing and treatment**.

What if I'm pregnant?

If you're pregnant with syphilis and you don't get treated, syphilis can cause:

- late-term miscarriage—your baby dies in your womb
- birth defects—problems with your baby's genes or other health problems

- stillbirth

Syphilis can also:

- damage your baby's bones, teeth, vision, and hearing
- affect how their brain develops
- cause anemia and lung infections

When a pregnant person is treated before delivering their baby, these problems can be prevented. Routine syphilis screening will be performed at the first trimester or prenatal visit as well as when the baby is being delivered.

How is syphilis treated?

Syphilis is treated with antibiotics. Your partner(s) also needs to be tested and treated, even if they have no symptoms. You can get re-infected if you have unprotected sex with someone before they're treated.

Your blood test for syphilis will likely stay positive, even if you've been properly treated. But, you can be re-infected if you're exposed again.

After treatment, you'll have follow-up blood tests at 3, 6, and 12 months to make sure the treatment worked.

When can I have sex again?

If you've been diagnosed with syphilis, then your sexual partner(s) may also have syphilis. It's important that your partner(s) be tested and treated before you have sex with them again.

It will take 1 week for the antibiotic to get rid of the infection. **The best protection is not to have sex (anal, oral, or vaginal) for at least 7 days. If you do choose to have sex**, don't have unprotected sex (anal, oral, or vaginal) for **7 days** after you and your partner(s) have been treated.

If you still have symptoms, don't have any sexual contact until you've seen your healthcare provider.

Should I tell my partner(s)?

Yes. You need to tell your partner(s) so you can stop the infection from spreading. It might be hard or embarrassing, but it's important to have an open and honest conversation with your partner(s), and it's important for them to be tested and treated.

There are a few ways to tell your partner(s). You can tell them yourself or public health can help you. Talk to your healthcare provider about what's right for you.

Do I need to tell my partner(s) right away?

Yes. Make sure you and your partner(s) are treated at the same time, even if they don't have symptoms. You can get infected with syphilis again if you have unprotected sex with a partner who hasn't been treated.

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